

*Michigan Department
of Community Health*



**Jennifer M. Granholm, Governor
Janet Olszewski, Director**

REQUEST FOR PROPOSALS (RFP)

for

Title X Family Planning Grants

Issued: June 15, 2006

Application Deadline: September 15, 2006

Michigan Department Community Health
Division of Family & Community Health
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I. Introduction

The Michigan Department of Community Health (MDCH) announces the availability of funds to deliver reproductive health services and a broad range of effective contraceptives to the people of Michigan. These awards are to be effective Fiscal Year 2007-08 (October 1, 2007 - September 30, 2008). Any public and nonprofit private agencies with experience delivering family planning, women's, adolescent or primary health care services are encouraged to apply.

This Request for Proposal is issued under the authority of the Michigan Department of Community Health as the federal grantee of the United States Department of Health and Human Services Population Research and Voluntary Family Planning funding for the Title X Family Planning Program. The Michigan Title X Family Planning program is funded from various sources including state and federal funds, and revenue from first and third party collections. This Request for Proposal, reference manual and resources are available online at www.michigan.gov/familyplanning.

II. Statement of Need

Family planning is a preventive health intervention that positively impacts health and the cost of health care. Effective family planning services are essential health care interventions that correlate with positive maternal health, good pregnancy outcomes, and infant survival by improving the planning, timing and spacing of a family's births. Michigan has a high-unintended pregnancy rate. To improve families' health status, one strategy is to address the high and steady unintended pregnancy rate by assuring quality reproductive health care services and effective contraceptives to all.

There is extensive need for publicly funded family planning services. According to the Guttmacher Institute, there are 582,140 women and teens in need of publicly funded family planning services in the state of Michigan because they have incomes below 250 % of the Federal Poverty Level. Men, women and teens in low-income families have a great need for services. According to 2000 Census data, there are 274,882 women 15-44 years of age living at Poverty Level and 554,941 women of this same age group living just above poverty measured at the 185% of the Federal Poverty Level.

Michigan's Pregnancy Risk Assessment and Monitoring System (PRAMS) is a survey of maternal experiences and behaviors before and during a pregnancy and the postpartum period. The 2002 findings demonstrate a continuing trend that 43.2% of all pregnancies were unintended and of those pregnancies 75.5% were desired at another time in the woman's life and 25.2% were unwanted at any time. The unintended pregnancy rate of low-income women, as identified by those whose prenatal care and deliveries were paid by Medicaid or who had no insurance (62.0%) is twice that of women with health insurance (34.3%). Unaccounted for in the unwanted pregnancies number are the 29,231 abortions that women had during 2002.

Intendedness of pregnancy significantly impacts its outcome and infant survival. Perinatal Periods of Risk, an analytical model that identifies stages during the perinatal phase when there are the greatest opportunities for localized impact on infant mortality, consistently identifies that maternal health status greatly impacts prenatal outcomes. While in 2004, Michigan achieved an infant mortality rate that is an all time low of 7.6 deaths per 1,000 births, this achievement came after several years of stagnation. The state's infant mortality rate is well above the United States Healthy People 2010 goal of 4.5/1,000 births, and is experiencing a worsening disparity for African Americans (17.3 deaths per 1,000 births) and other groups compared to whites due to little improvements in the rates for minority population groups.

Reducing the rate and number of unintended pregnancies saves health care dollars. Medicaid pays for 32% of Michigan births at a cost of approximately \$11,000 each (prenatal care, delivery and the first year of care). This cost savings is a second reason for the implementation of the Medicaid Family Planning Waiver program, Plan First! This program expands eligibility to women 19-44 years of age with family incomes of 185% of the Federal Poverty Level or less giving them access to Medicaid supported family planning service.

Our state's fundamental strategy to reduce unintended pregnancies is to assure statewide availability of high quality, effective contraceptives and reproductive health services. These grant awards, along with expanded eligibility for Medicaid paid family planning services under the new program Plan First! and other developing activities, are key actions to achieving a significant decrease in the rate of unintended pregnancies in the state of Michigan.

III. Purpose of the Grants

The mission of the Title X Family Planning Program is to enable a person's voluntary access to family planning services, information and means to exercise personal choice in determining the number and spacing of their children. MDCH funded family planning services are designed to assure access to quality, effective reproductive health services and contraceptives with a focused priority on low-income populations and those with special needs such as teens. Services provided through family planning clinics support women and men to make informed reproductive choices. These funds support the infrastructure to deliver Title X Family Planning services statewide no matter the individual client's source of payment for services (Title X grant, public or private third party, self-pay, etc). Title X funds also support reproductive care and contraceptive service costs for individual poverty level clients without a third party payer and others paying on a sliding fee scale or unable to pay. No one is to be denied services because of inability to pay.

The Michigan Title X Family Planning Program Standards and Guidelines (2006) manual (Reference 1) is the guidance for all requirements. The manual is based on Title X Federal Regulations, the Program Guidelines for Project Grants for Family Planning Services 2001, Michigan Public Health Code, Michigan Department of Community Health policies and various clinical recommendations. These grants will be issued to applicants demonstrating the most competence to meet these requirements and provide quality services to communities.

IV. Eligible Applicants

Eligible applicants must demonstrate past experience delivering primary care, adolescent or women's health care or family planning services. Potential applicant agencies include:

- Public and private non-profit health agencies
- Local health departments
- Community health centers
- Federally Qualified Health Centers
- Rural & urban health centers
- Tribal Indian health centers

Applicants must also adhere to the following:

Non-profit agencies must have proof of their non-profit status upon request.

Applicant agency must have providers who are or can become Medicaid enrolled providers.

Eligible applicants providing services beyond the Title X family planning program must demonstrate and ensure that Title X services and funds are not commingled or integrated with other programs or services.

V. Funding

Funding support for the Michigan Title X Family Planning Program include the Title X Federal grant, State of Michigan appropriations, revenue from first and third party collections and donations. Annually, the Federal grant award and State appropriations are determined and funds are distributed to delegate agencies based on a funding formula. Federal Title X allocation and State of Michigan appropriations for Fiscal Year 2007-08 are unknown at this time. However, based on historical awards and allocations, an estimated \$9.0 million will be available in Fiscal Year 2007-08 to fund one or more local agencies to deliver Title X Family Planning services in each Michigan county and the city of Detroit.

Title X funds support local infrastructures to deliver family planning services with a priority focus on the low income population with the greatest need. The proxy for the population in need is women 15-44 years old at or below 100% of the Federal Poverty Level. For Title X caseload and funding allocation for each county and the city of Detroit, see Reference 2 "By County Caseload and Funding Distribution for FY '08." Each county and the city of Detroit have three caseload targets: 1) Title X users (clients) for which a \$155 per user is allocated; 2) Plan First! minimum target (Medicaid reimbursement will be the source of payment for services), see Reference 3 for Medicaid policy and Plan First! draft policy web link; and 3) the total number of users served (this number will be reported in the Family Planning Annual Report (Reference 4)).

Please note Michigan's Medicaid agency has not set a community minimum or maximum for Plan First! enrollees (clients). However, for Title X delegate agencies, the Department has set such a community minimum to assure the State achieves its federal caseload target. The Plan First! client minimum can be exceeded. As eligible enrollees choose Title X agencies as their

family planning provider, agencies are encouraged to exceed the Plan First! community minimum as needed to meet the needs of the area. See Reference 5 “Medicaid Female Population March for 2006” for a point in time number of women who were Medicaid eligible by county and Reference 2 “By County Family Planning Caseload and Funding Distribution for FY 08,” see the $\leq 185\%$ Poverty Ages: 18-44 column. This information is supplied for applicants use to inform themselves of the potential Medicaid and Plan First! clientele by county.

Awardees will be selected for the three-year funding cycle FY 2007-08 through FY 2009-10 (with the potential to extend one or more additional cycles). The initial annual agreement will cover the Fiscal Year October 1, 2007 through September 30, 2008, Michigan Department of Community Health’s contract year. Awardees in good standing and who meet all minimum requirements will maintain delegate agency status at least through September 30, 2010, depending on the availability of funds.

In subsequent years, Fiscal Years 2008-09 and 2009-10, delegate agencies must submit a non-competitive annual plan. Each year continuing funding is contingent upon the availability of funds; timely, accurate submission of reports; an approved annual plan; satisfactory progress toward completion of the current year’s contract objectives and meeting family planning’s Minimum Program Requirements and Reporting Requirements (see Reference 6 and 7).

In addition to the grant awards, delegate agencies receive separate supplemental support in the form of bulk purchase condoms and laboratory testing services for Chlamydia and Gonorrhea via the MDCH Laboratory. Also, available to all delegate agencies are centralized sterilization (both vasectomy and tubal ligation) and regional colposcopy services. Delegate agencies can refer their clients who meet the criteria to the service provider and there is no charge to the delegate. (The client may need to pay a fee on a sliding scale if required.) The current centralized sterilization service provider is Planned Parenthood of South Central Michigan in Kalamazoo. Colposcopy services are provided through MDCH’s Breast and Cervical Cancer Control Program (BCCCP). For the location of the nearest BCCCP Coordinating Agency see the website http://www.michigancancer.org/OurPriorities/breast_cervical-aboutTheMichiganBCCCP.cfm. All delegate agencies are encouraged to use these additional and supplemental services.

Due to funding dependent upon Federal and State appropriations, allocation estimates may vary and are subject to change. MDCH is not liable for any cost incurred by applicants prior to full execution of an agreement.

VI. Application Submission and Deadline

An original and four (4) copies of the proposal must be postmarked by **September 15, 2006**. If a proposal is postmarked after this date, it may not be considered or reviewed. Applicants must request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or the U.S. Postal Service to confirm the mailing date of the proposal. Private metered postmarks will not be accepted as proof of timely mailing. Hand delivered, faxed, or e-mailed proposals will not be accepted. MDCH recommends using the mail/package tracking and delivery confirmation services offered by commercial delivery services or the U.S. Postal Service to obtain verification that MDCH has received your proposal.

MDCH mailing address for US Postal Service or commercial delivery service (FedEx, UPS, DHL, etc):

Family Planning Program
Division of Family and Community Health
Michigan Department of Community Health
109 W. Michigan, Washington Square Building
Lansing, MI 48913

It is advised that the proposal is mailed in sufficient time to reach MDCH within five business days of the due date.

VII. Technical Assistance

A pre-application conference will take place on June 29, 2006, 9:00-12:00 p.m. A URL link will be provided to registered participants along with log in instructions. Participants will log into the meeting through personal computers and are required to register to participate in the live webcast by visiting www.mphi.eductrng.net to sign up by June 26, 2006. During the web cast, the Michigan Department of Community Health Family Planning Program will address questions on this Request for Proposal only. Questions will be submitted by computer during the web cast. Questions can be submitted prior to the web cast via the fax number or e-mail address listed below. No questions will be answered prior to the web cast. A recording of the web cast will be available online seven (7) days after the meeting at www.michigan.gov/familyplanning until the due date of the application.

Questions and requests for information will be accepted until 5:00 p.m., August 18, 2006. They are to be sent by fax or e-mail noted below. The subject should read "Family Planning RFP Question or Request." Responses will be posted at www.michigan.gov/familyplanning. No individual responses will be provided. It is the responsibility of each applicant to regularly check for answers and responses. Requests or questions submitted by any other methods or after the August 18 cut off will not receive a response.

E-mail Address: dfch@michigan.gov (recommended)
FAX Number: 517/335-8822

A list of key terms and definitions are provided in Reference 8 for your use.

VIII. General Selection Criteria

Applications must be developed using the MDCH Title X Family Planning Program Standards and Guidelines Manual 2006 (Reference 1) and will be evaluated for likeliness to meet the standards and requirements in the manual. Also taken into consideration will be clinical and technical merit, responsiveness to the RFP, geographic target areas, and demonstrated ability and past performance to meet caseload targets. Overall the quality of the narrative and information provided will be taken into consideration.

The Department will use the recommendations of the review panel and may use additional considerations to make the final funding decisions, including factors such as: geographic distribution, needs of the Department, duplication of effort, agency capacity, evidence that an applicant has performed satisfactory on previous projects, availability of funds, efficient use of Federal and State funds, and factors relevant to addressing the needs of the population

MDCH reserves the right to award portions of proposals or reject any and all proposals. All applicants will be notified in writing the selection status of their application. Based on the recommendations of the review panel, MDCH also reserves the right to conduct a site visit that can have an impact on the execution of an agreement. A site visit may be required for agencies new to the delegate agency status or a past provider with a significant recent or a continuing unresolved issue(s) related to the minimum program or reporting requirements.

IX. Federal Program Priorities, Legislative Mandates, Key Issues

The Office of Population Affairs, U.S. Health and Human Services annually sets Title X Family Planning priorities, legislative mandates and identify key issues that must be addressed by recipients of these federal funds. Below are the 2006 priorities, legislative mandates, and key issues. Delegate agencies must be highly cognizant of these requirements and understand they are subject to change on an annual basis. Applicants must keep these requirements in mind as they develop their application.

Program Priorities

1. Assuring ongoing high quality family planning and related preventive health services that will improve the overall health of individuals.
2. Assuring access to a broad range of acceptable and effective family planning methods and related preventive health services that include natural family planning methods, infertility services, and services for adolescents; highly effective contraceptive methods; breast and cervical cancer screening and prevention that corresponds with nationally recognized standards of care; STD and HIV prevention education, counseling, and testing; extramarital abstinence education and counseling; and other preventive health services. The broad range of services does not include abortion as a method of family planning;
3. Encouraging participation of families, parents, and/or other adults acting in the role of parents in the decision of minors to seek family planning services, including activities that promote positive family relationships.
4. Improving the health of individuals and communities by partnering with community-based organizations (CBOs), faith-based organizations (FBOs), and other public health providers that work with vulnerable or at-risk populations.
5. Promoting individual and community health by emphasizing family planning and related preventive health services for hard-to-reach populations, such as uninsured or underinsured individuals, males, persons with limited English proficiency, adolescents, and other vulnerable or at-risk populations.

Legislative Mandates

- “None of the funds appropriated in this Act may be made available to any entity under Title X of the Public Health Service Act unless the applicant for the award certifies to the Secretary that it encourages family participation in the decision of minors to seek family planning services and that it provides counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities;” and
- “Notwithstanding any other provision of law, no provider of services under Title X of the Public Health Service Act shall be exempt from any State law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest.”

Key Issues

In addition to the Program Priorities and Legislative Mandates, the following Key Issues have implications for Title X services projects and should be acknowledged in the program plan:

1. The increasing cost of providing family planning services;
2. The U.S. Department of Health and Human Service priorities and initiatives, including increasing access to health care; emphasizing preventive health measures, improving health outcomes; improving the quality of health care; and eliminating disparities in health; as well as Healthy People 2010 objectives for Family Planning (Chapter 9); Health Communication (Chapter 11); HIV (Chapter 13), and Sexually Transmitted Disease (Chapter 25). (<http://www.health.gov/healthypeople>);
3. Departmental initiatives and legislative mandates, such as the Health Insurance Portability and Accountability Act (HIPAA); Infant Adoption Awareness Training Program (IAATP); providing unmarried adolescents with information, skills and support to encourage sexual abstinence; serving persons with limited English proficiency;
4. Integration of HIV/AIDS services into family planning programs; specifically, HIV/AIDS education, counseling and testing either on-site or by referral should be provided in all Title X family planning services projects. Education regarding the prevention of HIV/AIDS should incorporate the “ABC” message. That is, for adolescents and unmarried individuals, the message should include “A” for abstinence; for married individuals or those in committed relationships, the message is “B” for be faithful; and, for individuals who engage in behavior that puts them at risk for HIV, the message should include “A,” “B,” and “C” for correct and consistent condom use.
5. Utilization of electronic technologies, such as electronic grants management systems;
6. Data collection and reporting which is responsive to the revised Family Planning Annual Report (FPAR) and other information needs for monitoring and improving family planning services.

7. Service delivery improvement through utilization of research outcomes focusing on family planning and related population issues; and
8. Utilizing practice guidelines and recommendations developed by recognized professional organizations and Federal agencies in the provision of evidence-based Title X clinical services.

X. Required Application Format, Cover Page and Checklist (15 points)

A completed Applicant Cover Page form (Attachment A) must be on the front of the application and include the signature of an agency official denoting that the person authorizes the submission of the proposal and supports the content within.

The Application Checklist (Attachment B) must be completed and included in the proposal after the cover page. This list will help applicants include all required information and assist MDCH to assure all application components are present.

Each application must be formatted as follows:

- Typewritten on 8 ½ X 11 paper

- 12-point font

- Page numbers & applicant's name in footer

- 1-inch margins

- Print on one side only

- Applicants are encouraged to include pertinent information in the narrative and limit optional attachments.

- Assembled in the order listed in the Application Checklist (Attachment B)

- Submit the original application unbound, held together with a rubber band or binder clip

- Submit four (4) copies of the application; which can be held together with rubber bands, binder clips, or a staple in the upper left hand corner. Do not use covers or folders of any type.

XI. Proposal Summary (30 points)

This summary should provide a brief overview highlighting the proposal's most notable points that may be used in MDCH Federal grant applications, press releases, notices and reports on chosen agencies. This section must not exceed two (2) pages and should address the following:

- Name and type of organization

- Number of people proposed to be served by county, city of Detroit or sub area of a county or city of Detroit

- Title X target and Plan First! minimum target

- Identify the service area(s), and the number and location of clinic sites

- Description of the organization's target populations

- List of major goals and objectives

- Identify and provide a brief description of the primary responsibilities and qualifications of the Coordinator and Medical Director

XII. Background and Need (60 points)

These funds will be awarded to provide reproductive health services and contraceptives. Applicants are to identify the need for these services in the community(ies) in their application. If you propose to either serve a geographic area other than an entire county, city of Detroit, or serve a county or the city without a service site physically within the jurisdiction's boundary, you must make a convincing argument for how this arrangement will meet the needs of the population to be served. If you propose to serve a portion of a county or the city of Detroit, you must address statements 1 – 6 specific to the area proposed. Please refer to the suggested resources that may assist in locating information for this section.

1. Complete the Service Area and Target Population Demographics Worksheet Attachment C. Complete a separate worksheet for each county, the city of Detroit or the sub area of a county or the city the applicant proposes to serve. An electronic version of the worksheet is available at www.michigan.gov/familyplanning.
2. Provide a brief narrative overview of the data presented in the worksheet minimally covering the following areas:
 - Race, age, sex, ethnicity
 - Income
 - Infant mortality
 - Pregnancy rates including for teens
 - Chlamydia, Gonorrhea, and Syphilis and HIV rates/prevalence
3. Describe the proposed geographic area(s), including a discussion of potential geographic, topographic, cultural, linguistic and other related barriers to receiving services.
4. Identify and discuss the target and priority populations need for family planning services.
5. If applicant proposes to serve less than a county, less than the city of Detroit or serve an area without a clinic site within it's boundary, you must clearly identify who is the target population and how many are to be served, designating the number by the income categories 100% of poverty and under, 101-200% of poverty, 201-250% of poverty, and 251% and above; and designate a minimum target of Medicaid and Plan First! users to be served. You must also be prepared to report a separate Family Planning Annual Report (FPAR) for this specific area. If applicant proposes to serve the entire county or city of Detroit, you may skip this request.
6. Identify the minimum and maximum number of clients the applicant agency is willing to target of the Title X caseload available for the area(s) proposed to serve.
7. Describe existing services and justify the need for additional family planning services to meet community/cultural needs.
8. Identify and describe linkages with other resources in the community(ies) related to reproductive and primary health care, and contraceptive services.

XIII. Program Narrative (210 points)

This section describes information that is required from the applicant in the following four critical areas:

- A. Administrative Management (45 points)
- B. Financial Management (45 points)
- C. Clinical Management (75 points)
- D. Community Education and Outreach (45 points)

A list of the applicable Title X Family Planning Program Minimum Program Requirements (MPR) is included for each section, for a complete listing of all MPRs, see Reference 6. These requirements are federal mandates for Title X Family Planning programs and must be the basis for the program design and services. Additionally, each section has a list of requests that must be addressed and/or described in narrative form using the requirements specified in the Michigan Title X Family Planning Program Standards and Guidelines Manual (2006). At the end of each critical area requests are the mandatory references that must be used to prepare your responses.

A. Administrative Management

The Title X Family Planning Program requires a coordinated and communicative administrative management system. Administrative management pertains to the structure of the organization and how the Title X program fits within this structure, program staffing and training, the Title X program advisory committee function and composition, and the completion of all reporting requirements.

Related Minimum Program Requirements:

- MPR #10 Provide for an advisory committee.
- MPR #14 Provide for orientation and in-service training for all project personnel.
- MPR #20 Provide to the maximum feasible extent, an opportunity for participation in the development, implementation, and evaluation of the project by persons broadly representative of all significant elements of the population to be served, and by others in the community knowledgeable about the community's needs for family planning services.

Please respond to the following requests, assuring applicable Minimum Program Requirements (MPR) are addressed:

1. Describe your organization's history of administering family planning, adolescent, women's health and primary care services.
2. Describe the purpose and composition of your agency's family planning advisory committee. If one does not exist, discuss how the committee will be established. Include a description of how teens and adult consumers participate on the committee or your plans to include them.

3. Provide a description of all staff responsibilities and qualifications. Include a current organizational chart and indicate how the family planning staff fit into the overall organizational structure. Attach job descriptions for all staff and resumes for key staff (at least the medical director, coordinator and clinical service provider(s)).
4. Describe how project staff will be orientated, trained and evaluated at least annually. Orientation and in-service training should cover the unique social practices, customs and beliefs of the under-served populations of your service area, as well as continuing education on other Title X related topics.
5. Review the attached Office of Population Affairs Family Planning Annual Report (FPAR) Tables 1-14 and MI Table 15 in Reference 4. Describe your agency's ability to collect this information and generate timely, accurate client and financial reports.
6. Describe how meaningful access to services will be provided to persons with limited English proficiency.

Mandatory reference resources for this section include:

- Michigan Title X Family Planning Standards and Guidelines Manual (2006) Sections 4.0, 5.6, 6.5, 6.6, 6.7 and 6.9. – Reference 1
- Family Planning Annual Report – Reference 4

B. Financial Management

A financial management system that meets federal and state standards to safeguard these funds must be in place. Documentation and records must be maintained as required assuring these funds are used solely for Title X Family Planning services and there is no commingling or integration of funds or services.

Related Minimum Program Requirements:

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| MPR #6 | Provide that priority in the provision of services will be given to persons from low-income families. |
| MPR #7 | Provide that no charge will be made for services provided to any persons from a low-income family (at or below 100% of the Federal Poverty Level) except to the extent that payment will be made by a third party (including a government agency) which is authorized to or is under legal obligation to pay this charge. |
| MPR #8 | Provide that charges will be made for services to persons other than those from low-income families in accordance with a schedule of discounts based on ability to pay. Charges to person from families whose annual income exceeds 250 percent of the levels set forth in the most recent Poverty Guidelines will be made in accordance with a schedule of fees designed to recover the reasonable cost of providing services. |

- MPR #9 If a third party (including a government agency) is authorized or legally obligated to pay for services, all reasonable efforts must be made to obtain the third-party payment without application of any discounts. Where the cost of services is to be reimbursed under title XIX, XX, or XXI of the Social Security Act, a written agreement with the title agency is required.
- MPR #19 Provide that if family planning services are provided by contract or other similar arrangements with actual providers of services, services will be provided in accordance with a plan that establishes rates and method of payment for medical care. These payments must be made under agreements with a schedule of rates and payments procedures maintained by the agency. The agency must be prepared to substantiate, that these rates are reasonable and necessary.
- MPR #21 Any funds granted shall be expended solely for the purpose of delivering Title X Family Planning services in accordance with an approved plan and budget, regulations, terms and conditions and applicable cost principles prescribed in 45 CFR Part 74 or Part 92, as applicable.

Please respond to the following requests, assuring applicable Minimum Program Requirements are addressed:

1. Complete “Fiscal Review Questionnaire” Attachment D
2. Describe the billing and collections procedures that are to be used to assure third party payment collections without the application of any discounts, include collections safe guards, protecting clients’ confidentiality and the protocol for aging outstanding accounts. If the agency has delegate agency status, include a brief summary of the recent experience collecting third party reimbursement for the family planning program.
3. Discuss the agency’s two most recent financial audits, noting exceptions and findings. Provide the status of remedial and/or corrective action plans as of July 1, 2006.
4. Identify if the agency’s providers are Medicaid enrolled or the time line for becoming enrolled.

Mandatory reference resources for this section include:

- Michigan Title X Family Planning Standards and Guidelines Manual (2006) Sections 5.4 and 6.3 – Reference 1
- Title X Family Planning Fiscal Review Questionnaire Attachment D
- Subpart C of 45 Code of Federal Regulations (CFR) 74 (Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, Other Nonprofit Organizations, and Certain Grants and Agreements with States, Local Governments and Indian Tribal Governments), as applicable (see Michigan Title X Family Planning Standards and Guidelines Manual (2006), Part 1.A. Office of Management and Budget Instructions and Forms).

- Subpart 45 Code of Federal Regulations (CFR) 92 (Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments), as applicable (see Michigan Title X Family Planning Standards and Guidelines Manual (2006), Part 1.A. Office of Management and Budget Instructions and Forms).
- Office of Management and Budget (OMB) Circular A-133 (see Michigan Title X Family Planning Standards and Guidelines Manual (2006), Part 1.A. Office of Management and Budget Instructions and Forms).

C. Clinical Management

The clinical management section identifies service sites and services to be provided to clients following Title X regulations. Describe clinical services that are to be delivered.

Related Minimum Program Requirements:

- | | |
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| MPR #1 | Provide a broad range of acceptable and effective medically approved family planning methods (including natural family planning methods) and services (including infertility services and services for adolescents). |
| MPR #2 | Provide services without subjecting individuals to any coercion to accept services or to employ or not to employ any particular methods of family planning. Acceptance of services must be solely on a voluntary basis and may not be made a prerequisite to eligibility for, or receipt of, any other services, assistance from or participate in any other program. |
| MPR #3 | Provide services in a manner which protects the dignity of the individual. |
| MPR #4 | Provide services without regard to religion, race, color, national origin, handicapping condition, age, sex, number of pregnancies, or marital status. |
| MPR #5 | Not provide abortion as a method of family planning. Offer pregnant women the opportunity to be provided information and counseling regarding each of the following options: (A) Prenatal care and delivery; (B) Infant care, foster care, or adoption; and (C) Pregnancy termination. |
| MPR #6 | Provide that priority in the provision of services will be given to persons from low-income families. |
| MPR #11 | Provide for medical services related to family planning (including physician's consultation, examination prescription, and continuing supervision, laboratory examination, contraceptive supplies) and necessary referral to other medical facilities when medically indicated, and provide for the effective usage of contraceptive devices and practices. |
| MPR #15 | Provide services without the imposition of any durational residency requirement or requirement that the patient be referred by a physician. |

- MPR #16 Provide that the family planning medical services will be performed under the direction of a physician with special training or experience in family planning.
- MPR #17 Provide that all services purchased for project participants will be authorized by the project director or his/her designee on the project staff.
- MPR #18 Provide for coordination and use of referral arrangements with other providers of health care services, local health and welfare departments, hospitals, voluntary agencies, and health services projects support by other federal programs.

Please respond to the following statements, assuring the applicable Minimum Program Requirements are addressed:

1. Complete “Provider Directory/Clinic(s) Schedule Information” form Attachment E (if you are currently a Title X service provider, also include number of users reported on your last FPAR by site).
 - Provide days and hours of operation for each proposed location including hours of provider clinics if different from the hours of operation. Clinic hours refer to the times medical services are available; office hours are the hours that the sites are actually open without clinical services being available.
2. On a map, provide locations of all clinics and satellite sites.
3. Complete Attachment F “Family Planning Services Provided” to submit information on services provided at clinic sites. Information on Attachment F may be condensed where service delivery methods are consistent across all delivery sites. See completed sample Attachment F “Family Planning Services Provided Sample.”
4. Describe the services to be provided at each type of visit: initial, annual, supply and problem visits.
5. Identify any required service(s) that will not be provided directly by the applicant (directly in this context means subsidized by Title X). Provide an explanation for how services will be delivered and the method(s) to be used to assure delivery. Also, explain how services will be monitored for quality and consistency to any requirements.
6. Describe the provision of emergency and after-hours coverage.
7. Describe HIV services offered. If on-site HIV testing is provided, identify the type of testing provided (rapid, standard, Elisa, etc.) and the funding source(s) used for this service.
8. Describe how sterilization services, required education and authorization according to regulations will be provided.

9. Describe how clients requesting information on options for management of an unintended pregnancy will be given non-directive counseling on the following mandatory alternative options, and referral upon request:

- Prenatal care and delivery
- Infant care, foster care, or adoption
- Pregnancy termination

Mandatory Reference Resources for this section include:

- Michigan Title X Family Planning Standards and Guidelines Manual (2006) Sections 7 through 10 – Reference 1.

D. Community Education and Outreach

Community education and outreach activities should serve to enhance community understanding of the objectives of the Title X Family Planning Program, make known the availability of services to potential clients, and encourage continued participation by persons to whom family planning may be beneficial. Outreach activities also include establishing relationships with community organizations and other health care providers to serve the needs of clients beyond those services offered through Title X.

Related Minimum Program Requirements:

- | | |
|---------|---|
| MPR #5 | Not provide abortion as a method of family planning. Offer pregnant women the opportunity to be provided information and counseling regarding each of the following options: (A) Prenatal care and delivery; (B) Infant care, foster care, or adoption; and (C) Pregnancy termination. |
| MPR #6 | Provide that priority in the provision of services will be given to persons from low-income families. |
| MPR #10 | Provide for an advisory committee. |
| MPR #12 | Provide for social services related to family planning, including counseling, referral to and from other social and medical services agencies, and any ancillary services which may be necessary to facilitate clinic attendance. |
| MPR #13 | Provide for informational and educational programs designed to: achieve community understanding of the objectives of the program; inform the community of the availability of services; and promote continued participation in the project by persons to whom family planning services may be beneficial. |
| MPR #18 | Provide for the coordination and use of referral arrangements with other providers of health care services, local health and welfare departments, hospitals, voluntary agencies, and health services projects support by other federal programs. |

MPR #20 Provide to the maximum feasible extent, an opportunity for participation in the development, implementation, and evaluation of the project by persons broadly representative of all significant elements of the population to be served, and by others in the community knowledgeable about the community's needs for family planning services.

Please respond to the following requests, assuring applicable Minimum Program Requirements are addressed:

1. Discuss the process for the review, evaluation, and approval of information and educational materials. Include a description of the current Information and Education Advisory Committee or discuss how one will be developed. Include the steps that will be taken to ensure that the committee is broadly representative of the community served.
2. Discuss how your program will interact, partner, and network with other community agencies to both promote the program in the community and to meet the social services needs of clients related to family planning including counseling, referral to and from other social and medical agencies, and any ancillary services which may be necessary to facilitate clinic attendance.
3. Discuss how your program will offer an opportunity for participation in the development, implementation, and evaluation of the project by persons broadly representative of all significant elements of the population to be served and by others in the community knowledgeable about the community's needs for family planning services.
4. Describe how consumer input is to be obtained in the development, implementation, and evaluation of the project.
5. Describe how community education and promotion activities will be designed to achieve community understanding of the objective of continued participation in the project by persons to whom family planning services may be beneficial.
6. Discuss the coordination and use of referral arrangements with other providers of non-family planning health care services, local health and welfare departments, health plans, hospitals, voluntary agencies, and health service projects support by other federal programs. Include a brief history and past accomplishments of these referral arrangements. At a minimum discuss your relationship with the service providers listed below. Include a letter of support from each type of provider. If not applicable, please indicate the reason.
 - a. School Based or linked Health Centers
 - b. STI/HIV clinic(s)
 - c. Maternal Infant Health Program provider
 - d. Primary Care Services (Medicaid health plan, Federally Qualified Health Center, county health plan, etc.)

- e. At least two of the following types of providers: Prenatal care and delivery; infant care, foster care, or adoption; and pregnancy termination
 - f. Breast and Cervical Cancer Control Program (BCCCP) coordinating agency
<http://www.michigancancer.org/OurPriorities/breastcervical-aboutTheMichiganBCCCP.cfm>
7. Provide a list of collaborative arrangements with the family planning program such as those for outreach, client recruitment, community awareness, and program marketing.

Mandatory reference resource for this section includes:

- Michigan Title X Family Planning Standards and Guidelines Manual (2006) Sections 3.4, 6.8, 6.9 (Reference 1)

XIV. Goals, Objectives and Work Plan (90 points)

Applicants must designate goals and objectives for the family planning program. Objectives should be written using the SMART format (Specific, Measurable, Appropriate, Realistic and Time-phased). There must be objectives for each of the narrative sections, and Federal program priorities, legislative mandates and key issues. Using the format provided in Attachment G “Required Work Plan Format” develop a work plan for achieving the objectives. An electronic work plan format is available at www.michigan.gov/familyplanning.

1. Administrative Management – Please write a minimum of two (2) objectives pertaining to administrative management.
2. Financial Management – Please write a minimum of two (2) objectives pertaining to financial management.
3. Clinical Management – Please write a minimum of three (3) objectives pertaining to clinical management.
4. Community Education and Outreach – Please write a minimum of two (2) objectives pertaining to Community Education and Outreach.
5. Federal Family Planning Program priorities, legislative mandates and key issues – Please write a minimum of one (1) objective for each: 1) encourage family participation in the decision of minors to seek family planning services, and 2) provide counseling on how to resist attempts to coerce minors to engage in sexual activities.

XV. Budget (30 points)

Prepare a budget for the Fiscal Period October 1, 2007-September 30, 2008. In this section the applicant must:

1. Submit a detailed one-year budget by completing the MDCH budget forms(Attachment H) and following the directions in MDCH Budget Instructions (Reference 9). Electronic versions of the budget forms are available at www.michigan.gov/familyplanning.
2. Provide narrative justification for each budget line item.
3. Identify all sources of program support.

XVI. Assurances/Certifications (15 points)

Submit signed assurance form “Michigan Title X Assurance of Compliance” Attachment I and certification form “Family Planning Provider Certification” Attachment J. See Reference 10, PA 360 (2002) Section 333.1091, for requirements in Family Planning Provider Certification.

XVII. References

1. Michigan Title X Family Planning Standards and Guidelines Manual (2006) (Federal references are either in the manual or web site link in Part I of the manual)
2. By County Caseload and Funding Distribution for FY 2008
3. Medicaid Policy Manual and Bulletin Web Links
4. Family Planning Annual Report Tables 1-14 and MI FPAR Table 15
5. Medicaid Female Population for March 2006
6. Minimum Program Requirements
7. Minimum Reporting Requirements
8. List of Key Terms and Definitions
9. Instructions for Preparation of Budget Forms (DCH-0385, DCH-0386)
10. PA 360 (2002) Section 333.1091

XVIII. Mandatory Attachments and Forms

Required attachments and forms to be completed and returned.

- A. Applicant Cover Page
- B. Application Checklist
- C. Service Area and Target Population Demographic Worksheet
- D. Fiscal Review Questionnaire
- E. Provider Directory/Clinic(s) Schedule Information
- F. Family Planning Services Provided and Family Planning Services Provided Sample
- G. Required Work Plan Format
- H. MDCH Budget Forms
- I. Michigan Title X Assurance of Compliance
- J. Family Planning Provider Certification

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Michigan Title X Family Planning Standards and Guidelines (2006) Web link:

www.michigan.gov/familyplanning

By County Family Planning Caseload and Funding Distribution for FY08

	Women 15-44	Title X	Title X Funding	Women 18-44	Plan First	Title X and Plan First
Area	<= 100% Poverty	Caseload Allocation	Allocation @ \$155 per User	<= 185%	Caseload Minimum	Caseload Target
Alcona County	232	40	\$6,200	1,080	98	138
Alger County	213	37	\$5,735	728	90	127
Allegan County	1937	336	\$52,080	7,633	821	1,157
Alpena County	799	139	\$21,545	2,994	339	478
Antrim County	439	76	\$11,780	1,953	186	262
Arenac County	601	104	\$16,120	1,837	255	359
Baraga County	230	40	\$6,200	713	98	138
Barry County	854	148	\$22,940	3,328	362	510
Bay County	2700	468	\$72,540	10,044	1,145	1,613
Benzie County	291	50	\$7,750	1,311	123	173
Berrien County	5,306	920	\$142,600	15,652	2,250	3,170
Branch County	945	164	\$25,420	3,922	401	565
Calhoun County	3,812	661	\$102,455	12,496	1,616	2,277
Cass County	1129	196	\$30,380	4,095	479	675
Charlevoix County	504	87	\$13,485	2,124	214	301
Cheboygan County	742	129	\$19,995	2,717	315	444
Chippewa County	1,278	222	\$34,410	4,044	542	764
Clare County	1142	198	\$30,690	3,735	484	682
Clinton County	779	135	\$20,925	3,250	330	465
Crawford County	421	73	\$11,315	1,429	179	252
Delta County	923	160	\$24,800	3,243	391	551
Dickinson County	581	101	\$15,655	2,324	246	347
Eaton County	1,720	298	\$46,190	6,752	729	1,027
Emmet County	574	100	\$15,500	2,660	243	343
Genesee County	15,505	2,690	\$416,950	44,995	6,575	9,265
Gladwin County	856	148	\$22,940	2,805	363	511
Gogebic County	600	104	\$16,120	1,917	254	358
Grand Traverse County	1201	208	\$32,240	5,831	509	717
Gratiot County	930	161	\$24,955	3,426	394	555
Hillsdale County	893	155	\$24,025	3,562	379	534
Houghton County	1,236	214	\$33,170	5,529	524	738
Huron County	788	137	\$21,235	2,961	334	471
Ingham County	14,050	2,437	\$377,735	41,033	5,958	8,395
Ionia County	1227	213	\$33,015	4,559	520	733
Iosco County	797	138	\$21,390	2,627	338	476
Iron County	290	50	\$7,750	1,152	123	173
Isabella County	5,547	962	\$149,110	14,170	2,352	3,314
Jackson County	3,581	621	\$96,255	11,858	1,518	2,139
Kalamazoo County	9,737	1,689	\$261,795	30,010	4,129	5,818
Kalkaska County	456	79	\$12,245	1,682	193	272
Kent County	14,103	2,446	\$379,130	50,527	5,980	8,426
Keweenaw County	54	9	\$1,395	238	23	32
Lake County	480	83	\$12,865	1,316	204	287
Lapeer County	1,126	195	\$30,225	4,568	477	672
Leelanau County	223	39	\$6,045	1,203	95	134
Lenawee County	1,486	258	\$39,990	6,516	630	888

By County Family Planning Caseload and Funding Distribution for FY08 (cont.)

	Women 15-44	Title X	Title X Funding	Women 18-44	Plan First	Title X and Plan First
Area	<= 100%	Caseload	Allocation	<= 185%	Caseload	Caseload
	Poverty	Allocation	@ \$155 per User		Minimum	Target
Livingston County	1,467	254	\$39,370	5,144	622	876
Luce County	217	38	\$5,890	665	92	130
Mackinac County	311	54	\$8,370	1,132	132	186
Macomb County	11,214	1,945	\$301,475	40,120	4,755	6,700
Manistee County	516	90	\$13,950	2,100	219	309
Marquette County	2,204	382	\$59,210	7,329	935	1,317
Mason County	758	131	\$20,305	2,625	321	452
Mecosta County	1,773	308	\$47,740	5,994	752	1,060
Menominee County	652	113	\$17,515	2,347	276	389
Midland County	1,728	300	\$46,500	6,975	733	1,033
Missaukee County	331	57	\$8,835	1,396	140	197
Monroe County	2,569	446	\$69,130	8,319	1,089	1,535
Montcalm County	1,551	269	\$41,695	5,672	658	927
Montmorency County	289	50	\$7,750	997	123	173
Muskegon County	5,015	870	\$134,850	16,472	2,126	2,996
Newaygo County	1,369	237	\$36,735	4,621	580	817
Oakland County	17,062	2,960	\$458,800	59,062	7,235	10,195
Oceana County	890	154	\$23,870	3,101	377	531
Ogemaw County	665	115	\$17,825	2,449	282	397
Ontonagon County	166	29	\$4,495	711	70	99
Osceola County	666	116	\$17,980	2,417	282	398
Oscoda County	311	54	\$8,370	1,074	132	186
Otsego County	389	67	\$10,385	1,781	165	232
Ottawa County	3,966	688	\$106,640	14,570	1,682	2,370
Presque Isle County	289	50	\$7,750	1,275	123	173
Roscommon County	778	135	\$20,925	2,652	330	465
Saginaw County	7,231	1,254	\$194,370	22,225	3,066	4,320
St. Clair County	3,445	598	\$92,690	11,592	1,461	2,059
St. Joseph County	1,834	318	\$49,290	5,689	778	1,096
Sanilac County	1,089	189	\$29,295	4,089	462	651
Schoolcraft County	244	42	\$6,510	912	103	145
Shiawassee County	1,508	262	\$40,610	5,553	639	901
Tuscola County	1,225	212	\$32,860	4,780	519	731
Van Buren County	1,860	323	\$50,065	7,190	789	1,112
Washtenaw County	12,802	2,221	\$344,255	38,688	5,428	7,649
Wayne County	82,373	14,289	\$2,214,795	159,240	34,928	49,217
Wexford County	807	140	\$21,700	3,253	342	482
Detroit City	59,851	10,382	\$1,609,210	71,103	25,378	35,760
	B	C	D	F	G	H
TOTAL	274,882	58,065	\$8,999,300	877,863	141,932	199,992

G:\by county funding distribution chart

6/14/2006

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Medicaid Policy Bulletin Web Links

Family Planning – Medicaid Policy Bulletin

<http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf>

Go to Family Planning bookmark

Plan First! Medicaid Policy Bulletin

http://michigan.gov/documents/MSA-06-37-Family_Planning_Waiver-FINAL_161007_7.pdf

TITLE X FAMILY PLANNING ANNUAL REPORT

FPAR Number: _____
 Date Submitted: _____
 Reporting Period: _____ through _____
 _____ through _____

Check One: ☐ Initial Submission
☐ Revision

☐ See Notes

GRANTEE PROFILE COVER SHEET

GRANTEE LEGAL NAME		
ADDRESS OF GRANTEE ADMINISTRATIVE OFFICES	Street: _____	
	City: _____	
	State: _____	Zip Code: _____
TITLE X PROJECT DIRECTOR	Name: _____	
	Title: _____	
	Street: _____	
	City: _____	
	State: _____	Zip Code: _____
	Phone: _____	
	Fax: _____	
	E-Mail: _____	
GRANTEE CONTACT PERSON (PERSON COMPLETING FPAR)	Name: _____	
	Title: _____	
	Street: _____	
	City: _____	
	State: _____	Zip Code: _____
	Phone: _____	
	Fax: _____	
	E-Mail: _____	
NUMBER OF DELEGATES/CONTRACTORS SUPPORTED BY THE TITLE X GRANT		
NUMBER OF FAMILY PLANNING SERVICES SITES SUPPORTED BY THE TITLE X GRANT	_____ Sites	<input type="checkbox"/> Check if total number of sites is different from application.

Agency's Name: _____ 0 _____
 Date Submitted: _____
 Reporting Period: _____ through _____
 _____ through _____

Check One: ☐ Initial Submission☐ See Notes☐ Revision

TABLE 1
UNDUPLICATED NUMBER OF FAMILY PLANNING USERS BY AGE AND GENDER

Age Group (Years)		Female Users (A)	Male Users (B)	Total Users (sum cols. A + B) (C)
1	Under 15			0
2	15-17			0
3	18-19			0
4	20-24			0
5	25-29			0
6	30-34			0
7	35-39			0
8	40-44			0
9	Over 44			0
10	Total Users (sum rows 1 to 9)	0	0	0
		CHECKPOINT REFERENCE AA	CHECKPOINT REFERENCE BB	CHECKPOINT REFERENCE CC

Agency's Name: _____ 0 _____
 Date Submitted: _____
 Reporting Period: _____ through _____
 _____ through _____
 (Month/day/year)


Check One: ☐ Initial Submission☐ See Notes☐ Revision

TABLE 2
UNDUPLICATED NUMBER OF FEMALE FAMILY PLANNING USERS BY ETHNICITY AND RACE

Race		Hispanic or Latino (A)	Not Hispanic or Latino (B)	Unknown/ Not Reported (C)	Total Female Users (sum cols. A + B + C) (D)
1	American Indian or Alaska Native				0
2	Asian				0
3	Black or African American				0
4	Native Hawaiian or other Pacific Islander				0
5	White				0
6	More than one race				0
7	Unknown/not reported				0
8	Total Female Users (sum rows 1 to 7)	0	0	0	0

SEE
 CHECKPOINT
 REFERENCE
 AA

Check One: ☐ Initial Submission
☐ Revision

 See Notes

Race		Hispanic or Latino (A)	Not Hispanic or Latino (B)	Unknown/ Not Reported (C)	Total Male Users (sum cols. A + B + C) (D)
1	American Indian or Alaska Native				0
2	Asian				0
3	Black or African American				0
4	Native Hawaiian or other Pacific Islander				0
5	White				0
6	More than one race				0
7	Unknown/not reported				0
8	Total Male Users (sum rows 1 to 7)	0	0	0	0

SEE
CHECKPOINT
REFERENCE
AA

Agency's Name: _____ 0 _____

Date Submitted: _____

Reporting Period: _____ through _____

_____ through _____

(Month/day/year) (Month/day/year)

Check One: ☐ Initial Submission☐ Revision☐ See Notes

TABLE 4
UNDUPLICATED NUMBER OF FAMILY PLANNING USERS BY INCOME LEVEL

Income as Percent of the HHS Poverty Guidelines		Number of Users (A)
1	100% and below	0
2	101% - 150%	0
3	151% - 200%	0
4	201% - 250%	0
5	Over 250%	0
6	Unknown/not reported	0
7	Total Users (sum rows 1 to 6)	0
		SEE CHECKPOINT REFERENCE CC

☐

9

UNDUPLICATED NUMBER OF FAMILY PLANNING USERS BY PRINCIPAL HEALTH INSURANCE COVERAGE STATUS

SEE
CHECKPOINT
REFERENCE
CC

Agency's Name: _____ 0 _____
Date Submitted: _____
Reporting Period: _____ through _____

(Month/day/year) through (Month/day/year)

Check One: ☐ Initial Submission
☐ Revision

☐ See Notes

TABLE 6
UNDULICATED NUMBER OF FAMILY PLANNING USERS WITH LIMITED ENGLISH PROFICIENCY (LEP)

		Number of Users (A)
1	Number of users with limited English proficiency (LEP)	0

Agency's Name: _____ 0 _____

Date Submitted: _____

Reporting Period: _____ through _____

(Month/day/year) through (Month/day/year)

Check One: ☐ Initial Submission☐ See Notes☐ Revision

TABLE 7
UNDULICATED NUMBER OF FEMALE FAMILY PLANNING USERS BY PRIMARY METHOD AND AGE

Primary Method		Unduplicated Number of Female Users by Age									Total Female Users (sum cols. A to I) (J)
		<15 (A)	15-17 (B)	18-19 (C)	20-24 (D)	25-29 (E)	30-34 (F)	35-39 (G)	40-44 (H)	>44 (I)	
1	Female sterilization										0
2	Intrauterine device (IUD)										0
3	Hormonal implant										0
4	1-Month hormonal injection										0
5	3-Month hormonal injection										0
6	Oral contraceptive										0
7	Hormonal/contraceptive patch										0
8	Vaginal ring										0
9	Cervical cap/diaphragm										0
10	Contraceptive sponge										0
11	Female condom										0
12	Spermicide (used alone)										0
13	Fertility awareness method (FAM)										0
14	Abstinence										0
15	Other method										0
16	Method unknown										0
No Method											0
17	Pregnant or seeking pregnancy										0
18	Other reason										0
Rely on Male Method											0
19	Vasectomy										0
20	Male condom										0
21	Total Female Users (sum rows 1 to 20)	0	0	0	0	0	0	0	0	0	0

SEE
CHECKPOINT
REFERENCE
AA

Agency's Name: _____ 0 _____
Date Submitted: _____
Reporting Period: _____ through _____
_____, (Month/day/year) through _____, (Month/day/year)

Check One: ☐ Initial Submission
☐ Revision

☐ See Notes

TABLE 8
UNDULICATED NUMBER OF MALE FAMILY PLANNING USERS BY PRIMARY METHOD AND AGE

Primary Method		Unduplicated Number of Male Users by Age									Total Male Users (sum cols. A to I) (J)
		<15 (A)	15-17 (B)	18-19 (C)	20-24 (D)	25-29 (E)	30-34 (F)	35-39 (G)	40-44 (H)	>44 (I)	
1	Vasectomy										0
2	Male condom										0
3	Fertility awareness method (FAM)										0
4	Abstinence										0
5	Other method										0
6	Method unknown										0
No Method											
7	Pregnant or seeking pregnancy										0
8	Other reason										0
9	Rely of Female Method (s)										0
10	Total Male Users (sum rows 1 to 9)	0	0	0	0	0	0	0	0	0	0

SEE
CHECKPOINT
REFERENCE
BB

0

Agency's Name: _____ 0 _____
Date Submitted: _____
Reporting Period: _____ through _____

(Month/day/year) through (Month/day/year)

Check One: ☐ Initial Submission
☐ Revision

☐ See Notes

TABLE 10
CLINICAL BREAST EXAMS AND REFERRALS

Screening Activity		Number of Users (A)
1	Unduplicated number of users who received a clinical breast exam (CBE)	0
2	Unduplicated number of users referred for further evaluation based on their CBE	0

Agency's Name: _____ 0 _____

Date Submitted: _____

Reporting Period: _____ through _____

(Month/day/year) through (Month/day/year)

Check One: ☐ Initial Submission ☐ See Notes

☐ Revision

TABLE 11
UNDUPLICATED NUMBER OF FAMILY PLANNING USERS TESTED FOR CHLAMYDIA BY AGE AND GENDER

Age Group (Years)		Number of Users	
		Female Users (A)	Male Users (B)
1	Under 15		
2	15-17		
3	18-19		
4	20-24		
5	25 and over		
6	Total Users (sum rows 1 to 5)	0	0

Agency's Name: _____ 0 _____

Date Submitted: _____

Reporting Period: _____ through _____

(Month/day/year)

(Month/day/year)

Check One: ☐ Initial Submission☐ See Notes☐ Revision

TABLE 12
NUMBER OF GONORRHEA, SYPHILIS, AND HIV TESTS

Test Type		Number of Tests		Total Tests (sum cols. A + B) (C)
		Female (A)	Male (B)	
1	Gonorrhea			0
2	Syphilis			0
3	HIV - All confidential tests			0
4	HIV - Positive confidential tests			0
5	HIV - Anonymous tests			0

Date Submitted:

Reporting Period: _____ through _____
 _____ through _____
 (Month/day/year) (Month/day/year)

Check One: ☐ Initial Submission

Revision

 See Notes

Provider Type		Number of FTEs (A)	Number of F. P. Encounters (B)
1	Clinical Services Providers		
1a	Physicians		
1b	Physician assistants/nurse practitioners/certified nurse midwives		
1c	Other clinical services providers (e.g., registered nurses)		
2	Non-clinical Services Providers		
3	Total Family Planning Encounters (sum rows 1 + 2)		0

Check One: ☐ Initial Submission
☐ Revision

 See Notes

Federal Grants		Amount	
1	Title X (family planning services)		
2	Bureau of Primary Health Care (BPHC)		
3	Other federal grant (Specify: _____)		
4	Other federal grant (Specify: _____)		
5	Total - Federal Grants (sum rows 1 to 4)		
Payment For Services			
6	Total client collections/self-pay		
7	Third-party payers	Prepaid (A)	Not Pre-paid (B)
7a	Medicaid (Title XIX)		
7b	Medicare (Title XVIII)		
7c	State Children's Health Insurance Program (state CHIP)		
7d	Other public health insurance		
7e	Private health insurance		
8	Total - Third-Party Payers (sum rows 7a to 7e)	\$ -	\$ -
9	Total - Payment for Services (sum row 6 + cell 8A + cell 8B)	\$ -	
Other Revenue			
10	Title V (MCH Block Grant)		
11	Title XX (Social Services Block Grant)		
12	Temporary Assistance for Needy Families (TANF)		
13	Local government grants and contracts		
14	Other (Specify: Donations _____)		
15	Other (Specify: Fund Raising _____)		
16	Other (Specify: Private Grants _____)		
17	Other (Specify: Misc. _____)		
18	Total - Other Revenue (sum rows 10 to 17)	\$ -	
19	Total Revenue (sum rows 5 + 9 + 18)	\$ -	

Table 14, Jan. - Dec. 2005.xls

Agency Name: _____

Date Submitted: _____

Reporting Period: _____ through _____

_____ through _____
(month/day/year) (month/day/year)

TABLE 15
UNDUPLICATED NUMBER OF FAMILY PLANNING USERS BY
MEDICAID AND PLAN FIRST! COVERAGE

		Number of Users
1	Number of users by Medicaid coverage	
2	Number of users by Plan First! coverage	


Medicaid Female Population for March 2006

Female Eligibility for March 2006		Total Female: Ages 19 to 44	
CountyName	Total Medicaid Females	Distinct Count of Beneficiary's Ages 19 to 44	Percent of Females Ages 19 to 44
Alcona	881	223	25%
Alger	658	157	24%
Allegan	7,393	2,020	27%
Alpena	2,855	861	30%
Antrim	1,777	403	23%
Arenac	1,627	445	27%
Baraga	788	219	28%
Barry	3,700	1,035	28%
Bay	9,071	2,760	30%
Benzie	1,167	296	25%
Berrien	15,504	4,391	28%
Branch	3,538	955	27%
Calhoun	13,909	4,068	29%
Cass	4,201	1,252	30%
Charlevoix	1,675	400	24%
Cheboygan	2,481	643	26%
Chippewa	2,892	798	28%
Clare	3,517	1,095	31%
Clinton	2,811	811	29%
Crawford	1,339	360	27%
Delta	3,125	847	27%
Dickinson	2,202	577	26%
Eaton	5,911	1,731	29%
Emmet	2,435	587	24%
Genesee	47,993	15,737	33%
Gladwin	2,408	590	25%
Gogebic	1,563	394	25%
Grand Traverse	5,404	1,519	28%
Gratiot	3,617	1,035	29%
Hillsdale	3,771	1,000	27%
Houghton	2,746	602	22%
Huron	2,811	696	25%
Ingham	21,962	6,620	30%
Ionia	4,528	1,358	30%
Iosco	2,512	681	27%
Iron	1,155	247	21%
Isabella	4,303	1,450	34%
Jackson	13,011	3,632	28%
Kalamazoo	17,714	5,376	30%
Kalkaska	1,815	481	27%
Kent	45,512	13,222	29%
Keweenaw	149	30	20%

Female Eligibility for March 2006		Total Female: Ages 19 to 44	
CountyName	Total Medicaid Females	Distinct Count of Beneficiary's Ages 19 to 44	Percent of Females Ages 19 to 44
Lake	1,448	357	25%
Lapeer	4,828	1,297	27%
Leelanau	655	151	23%
Lenawee	6,592	1,814	28%
Livingston	4,773	1,267	27%
Luce	617	154	25%
Mackinac	761	193	25%
Macomb	41,888	11,484	27%
Manistee	2,003	536	27%
Marquette	4,205	1,335	32%
Mason	2,593	747	29%
Mecosta	3,733	1,222	33%
Menominee	1,836	484	26%
Midland	5,434	1,615	30%
Missaukee	1,229	327	27%
Monroe	8,506	2,521	30%
Montcalm	5,371	1,559	29%
Montmorency	950	269	28%
Muskegon	19,234	5,866	30%
Newaygo	4,522	1,259	28%
Oakland	48,252	11,984	25%
Oceana	2,722	721	26%
Ogemaw	2,345	657	28%
Ontonagon	596	127	21%
Osceola	2,190	693	32%
Oscoda	868	229	26%
Otsego	2,104	605	29%
Ottawa	10,984	2,793	25%
Presque Isle	918	213	23%
Roscommon	2,505	772	31%
Saginaw	22,488	7,052	31%
St Clair	12,068	3,772	31%
St Joseph	5,732	1,622	28%
Sanilac	3,916	1,048	27%
Schoolcraft	869	226	26%
Shiawassee	5,665	1,722	30%
Tuscola	4,567	1,214	27%
Van Buren	7,584	2,045	27%
Washtenaw	14,326	4,260	30%
Wayne	234,224	66,965	29%
Wexford	3,500	1,083	31%
Unknown	2	0	0%
Medicaid Females	788,034	225,864	29%

Birthdates utilized: 03/01/62 to 02/28/87

Female Medicaid population includes: Managed Care, FFS, and Dual Eligibles (Title V and Title XIX)

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH	
	<p>Element: Family Planning</p> <p>Page 1 of 3</p> <p>Date:</p>
Director's Signature:	

ELEMENT DEFINITION:

Family Planning services offer comprehensive preventive reproductive health care that includes: general health assessment and examination; routine screening for sexually transmitted diseases, HIV infections, cervical and breast cancer, high blood pressure, anemia, infertility problems and selected infections; contraception, pregnancy testing and counseling services; client and community educations; and follow-up and referrals for medical or socio/economic problems. The primary mission is to provide individuals the information and means to exercise personal choice in determining the number and spacing of their children.

MINIMUM PROGRAM REQUIREMENTS:

1. Provide a broad range of acceptable and effective medically approved family planning methods (including natural family planning methods) and services (including infertility services and services for adolescents). *42 CFR CH. 1 (10-1-00 Edition) §59.5 (a)(1)*
2. Provide services without subjecting individuals to any coercion to accept services or to employ or not to employ any particular methods of family planning. Acceptance of services must be solely on a voluntary basis and may not be made a prerequisite to eligibility for, or receipt of, any other services, assistance from or participate in any other program. *42 CFR CH. 1 (10-1-00 Edition) §59.5 (a)(2)*
3. Provide services in a manner which protects the dignity of the individual. *42 CFR CH. 1 (10-1-00 Edition) §59.5 (a)(3)*
4. Provide services without regard to religion, race, color, national origin, handicapping condition, age, sex, number of pregnancies, or marital status. *42 CFR CH. 1 (10-1-00 Edition) §59.5 (a)(4)*
5. Not provide abortion as a method of family planning. Offer pregnant women the opportunity to be provided information and counseling regarding each of the following options: (A) Prenatal care and delivery; (B) Infant care, foster care, or adoption; and (C) Pregnancy termination. *42 CFR CH. 1 (10-1-00 Edition) §59.5 (a)(5) and (i)*

6. Provide that priority in the provision of services will be given to persons from low-income families. *42 CFR CH. 1 (10-1-00 Edition) §59.5 (a)(6)*
7. Provide that no charge will be made for services provided to any persons from a low-income family (at or below 100% of the Federal Poverty Level) except to the extent that payment will be made by a third party (including a government agency) which is authorized to or is under legal obligation to pay this charge. *42 CFR CH. 1 (10-1-00 Edition) §59.5 (a)(7)*
8. Provide that charges will be made for services to persons other than those from low-income families in accordance with a schedule of discounts based on ability to pay, except that charges to person from families whose annual income exceeds 250 percent of the levels set forth in the most recent Poverty Guidelines will be made in accordance with a schedule of fees designed to recover the reasonable cost of providing services. *42 CFR CH. 1 (10-1-00 Edition) §59.5 (a)(8)*
9. If a third party (including a government agency) is authorized or legally obligated to pay for services, all reasonable efforts must be made to obtain the third-party payment without application of any discounts. Where the cost of services is to be reimbursed under title XIX, XX, or XXI of the Social Security Act, a written agreement with the title agency is required. *42 CFR CH. 1 (10-1-00 Edition) §59.5 (a)(9)*
10. Provide for an advisory committee. *42 CFR CH. 1 (10-1-00 Edition) §59.5 (a)(11)*
11. Provide for medical services related to family planning (including physician's consultation, examination prescription, and continuing supervision, laboratory examination, contraceptive supplies) and necessary referral to other medical facilities when medically indicated, and provide for the effective usage of contraceptive devices and practices. *42 CFR CH. 1 (10-1-00 Edition) §59.5 (b)(1)*
12. Provide for social services related to family planning, including counseling, referral to and from other social and medical services agencies, and any ancillary services which may be necessary to facilitate clinic attendance. *42 CFR CH. 1 (10-1-00 Edition) §59.5 (b)(2)*
13. Provide for informational and educational programs designed to: achieve community understanding of the objectives of the program; inform the community of the availability of services; and promote continued participation in the project by persons to whom family planning services may be beneficial. *42 CFR CH. 1 (10-1-00 Edition) §59.5 (b)(3)*
14. Provide for orientation and in-service training for all project personnel. *42 CFR CH. 1 (10-1-00 Edition) §59.5 (b)(4)*
15. Provide services without the imposition of any durational residency requirement or requirement that the patient be referred by a physician. *42 CFR CH. 1 (10-1-00 Edition) §59.5 (b)(5)*
16. Provide that the family planning medical services will be performed under the direction of a physician with special training or experience in family planning. *42 CFR CH. 1 (10-1-00 Edition) §59.5 (b)(6)*

17. Provide that all services purchased for project participants will be authorized by the project director or his/her designee on the project staff. *42 CFR CH. 1 (10-1-00 Edition) §59.5 (b)(7)*
18. Provide for coordination and use of referral arrangements with other providers of health care services, local health and welfare departments, hospitals, voluntary agencies, and health services projects support by other federal programs. *42 CFR CH. 1 (10-1-00 Edition) §59.5 (b)(8)*
19. Provide that if family planning services are provided by contract or other similar arrangements with actual providers of services, services will be provided in accordance with a plan which establishes rates and method of payment for medical care. These payments must be made under agreements with a schedule of rates and payments procedures maintained by the agency. The agency must be prepared to substantiate, that these rates are reasonable and necessary. *42 CFR CH. 1 (10-1-00 Edition) §59.5 (b)(9)*
20. Provide, to the maximum feasible extent, an opportunity for participation in the development, implementation, and evaluation of the project by persons broadly representative of all significant elements of the population to be served, and by others in the community knowledgeable about the community's needs for family planning services. *42 CFR CH. 1 (10-1-00 Edition) §59.5 (b)(10)*
21. Any funds granted shall be expended solely for the purpose of delivering Title X Family Planning Services in accordance with an approved plan & budget, regulations, terms & conditions and applicable cost principles prescribed in 45 CFR Part 74 or Part 92, as applicable. *42 CFR CH. 1 (10-1-00 Edition) §59.9*

Michigan Department of Community Health
Minimum Reporting Requirements
Family Planning Program

Required Report	Source Document	Reason/Use	Due Date
FPAR Profile Sheet Table 1 Table 2 Table 3 Table 4 Table 5 Table 6 Table 7 Table 8 Table 9 Table 10 Table 11 Table 12 Table 13 Table 14	Client visit record Client visit record Client visit record Client visit record Client visit record Client visit record Client visit record Client visit record Client visit record Client visit record Client visit record Client visit record Client visit record General ledger or Accounting reports	Federal Requirement	Quarterly Reports due by: April 15, July 15 (MID-Year Report, Jan- June), October 15 (Jan- Sept.), and January 10 (Annual Report, Jan- Dec.)
Medicaid and Plan First! User Count - MI Table 15	Client visit record	Monitoring	Quarterly Reports due by: April 15, July 15, October 15, and January 10
Family Planning Needs Assessment and Health Care Plan	Program Statistics	Federal Requirement	Due November 15
Public Health Service Sterilization Record (PHS- 6044)	Client charts and/or Sterilization Log	Federal Requirement	Quarterly Reports due by: April 15, July 15, Oct. 15, and Jan. 15

List of Key Terms and Definitions

1. Delegate agencies: Those entities that provide family planning services with Title X funds under a negotiated, written agreement with the grantee.
2. Federal Poverty Level: Also referred to as the poverty guidelines, the levels are issued annually in the Federal Register by the U.S. Department of Health and Human Services and are used to determine eligibility in many federal and state programs. The federal poverty levels are used to determine if family income and size are insufficient to meet basic life needs.
3. FPAR: The Family Planning Annual Report is the sole source of annual, uniform reporting by all Title X family planning services grantees. It provides consistent, national-level data on demographic and social characteristics; utilization of family planning and related preventive health services; staff utilization; and sources and levels of other revenue that complement Title X funds.
4. Grantee: Entity that receives the federal grant and assume legal and financial responsibility and accountability for the awarded funds and for the performance of the activities approved for funding. In Michigan, the grantee is the Michigan Department of Community Health.
5. Low income: Individuals are considered low-income whose income falls at or below 100% of the federal poverty level.
6. Plan First!: The new Michigan Medicaid Family Planning Section 115 waiver program that expands income eligibility to 185% of poverty for women aged 19-44 years old for family planning services only.
7. Populations with Special Needs: Includes teens, individuals with limited english proficiency and special physical and mental needs.
8. Priority Population: Individuals with family incomes equal to or less than the federal poverty level.
9. Project: Activities described in the grant application and supported under the approved budget.
10. Recommended services: Activities that are supported by Title X regulations but are not mandatory.
11. Required services: Services mandated to be provided by any agency funded under Title X. These services are listed under Section 8.0 in the Michigan Title X Family Planning Standards and Guidelines 2006.
12. Services sites: Locations where services are provided by the delegate agencies.
13. User: An individual who has at least one family planning visit encounter at a Title X service site with the purpose to avoid unintended pregnancies or achieve intended pregnancy. The terms “user” and “client” are used interchangeably.

Section 333.1091

ALLOCATION OF FUNDS TO FAMILY PLANNING SERVICES (EXCERPT) Act 360 of 2002

333.1091 Family planning or reproductive services; allocation of funds.

Sec. 1.

(1) Except as otherwise provided in this section, it is the policy of this state for the department of community health to give priority under this subsection in the allocation of funds through grants or contracts for educational and other programs and services administered by the department of community health and primarily pertaining to family planning or reproductive health services, or both. This subsection applies to grants or contracts awarded to a qualified entity that does not engage in 1 or more of the following activities:

(a) Performing elective abortions or allowing the performance of elective abortions within a facility owned or operated by the qualified entity.

(b) Referring a pregnant woman to an abortion provider for an elective abortion.

(c) Adopting or maintaining a policy in writing that elective abortion is considered part of a continuum of family planning or reproductive health services, or both.

(2) If each of the entities applying for a grant or contract described in subsection (1) engages in 1 or more of the activities listed in subsection (1)(a) to (c), the department of community health shall give priority to those entities that engage in the least number of activities listed in subsection (1)(a) to (c).

(3) Subsection (1) does not apply if the only applying entity for a grant or contract described in subsection (1) engages in 1 or more of the activities listed in subsection (1)(a) to (c).

(4) Subsection (1) does not apply to grants or contracts awarded by the department of community health other than family planning and pregnancy prevention awards under subpart a of part 59 of title 42 of the Code of Federal Regulations or state appropriated family planning or pregnancy prevention funds.

(5) In applying the priority established in subsection (1), the department of community health shall not take into consideration an activity listed in subsection (1)(a) to (c) if participating in that activity is required under federal law as a qualification for receiving federal funding.

(6) If an entity applying for a contract or grant described in subsection (1) is affiliated with another entity that engages in 1 or more of the activities listed in subsection (1)(a) to (c), the applying entity shall, for purposes of awarding a grant or contract under subsection (1), be considered independent of the affiliated entity if all of the following

conditions are met:

(a) The physical properties and equipment of the applying entity are separate and not shared with the affiliated entity.

(b) The financial records of the applying entity and affiliated entity demonstrate that the affiliated entity receives no funds from the applying entity.

(c) The paid personnel of the applying entity do not perform any function or duty on behalf of the affiliated entity while on the physical property of the applying entity or during the hours the personnel are being paid by the applying entity.

(7) The department of community health shall award grants and contracts to qualified entities under this act to ensure that family planning services are adequately available and distributed in a manner that is reflective of the geographic and population diversity of this state. A qualified entity that is awarded a grant or contract must also be capable of serving the patient census reflected in the contract or grant for which the qualified entity is applying.

(8) As used in this act:

(a) "Affiliated" means the sharing between entities of 1 or more of the following:

(i) A common name or other identifier.

(ii) Members of a governing board.

(iii) A director.

(iv) Paid personnel.

(b) "Elective abortion" means the performance of a procedure involving the intentional use of an instrument, drug, or other substance or device to terminate a woman's pregnancy for a purpose other than to increase the probability of a live birth, to preserve the life or health of the child after live birth, or to remove a dead fetus. Elective abortion does not include either of the following:

(i) The use or prescription of a drug or device intended as a contraceptive.

(ii) The intentional use of an instrument, drug, or other substance or device by a physician to terminate a woman's pregnancy if the woman's physical condition, in the physician's reasonable medical judgment, necessitates the termination of the woman's pregnancy to avert her death.

(c) "Entity" means a local agency, organization, or corporation or a subdivision, contractee, subcontractee, or grant recipient of a local agency, organization, or corporation.

(d) "Qualified entity" means an entity reviewed and determined by the department of community health to be technically and logistically capable of providing the quality and quantity of services required within a cost range considered appropriate by the department.

History: 2002, Act 360, Eff. Mar. 31, 2003

Applicant Cover Page

THIS FORM MUST BE ATTACHED TO THE FRONT OF EACH PROPOSAL

Michigan Department of Community Health
Division of Family and Community Health
Request for Proposals
Title X Family Planning Grants

*Michigan Department
of Community Health*



Jennifer M. Granholm, Governor
Janet Olszewski, Director

Date Received:

1. Name of Applicant Organization: Address: Federal ID Number: Non-profit Number, if applicable:	
2. Name of Contact Person (must be able to answer questions about the application): Title: Phone:	
3. Name of Person to be Notified if Award is Made (if different from #4): Title: Phone: Address (if different from # 3):	
4. County(ies) or city of Detroit to be served:	
5. Number of people to be served by county or city of Detroit:	
6. Total Amount of Funding Requested:	
7. Minimum and maximum number of people the applicant is willing to serve: Minimum _____ Maximum: _____	
8. On behalf of this agency, I authorize the submission of this application and support its contents. _____ Signature of agency official _____ Name Typewritten or Printed _____ Date	

TITLE X FAMILY PLANNING RFP APPLICATION CHECKLIST

Michigan Department
of Community Health



Applicant Agency: _____

- ☐ Original and four copies are enclosed
- ☐ Original document is held together only with rubber bands or binder clips
- ☐ Four copies are held together with rubber bands, binder clips, or a staple in the upper left hand corner
- ☐ Application Cover Page is completed and signed by the authorized signatory
- ☐ Application Checklist
- ☐ Proposal Summary
- ☐ Demographics Worksheet is completed and attached for each county to be served

The Narrative:

- ☐ Is typewritten on 8.5 X 11 paper in a font no smaller than 12 points
- ☐ Is double-spaced
- ☐ The pages of the narrative are numbered and the applicant's name is in the footer
- ☐ Is set up with at least 1" margins
- ☐ Is printed only on one side of the paper
- ☐ Work plan is attached and follows the required format
- ☐ An organizational chart indicating the location of the Family Planning Program is attached
- ☐ Job descriptions for all staff and resumes for key staff (medical director, coordinator and all clinical services provider(s) at least
- ☐ Title X Family Planning Fiscal Review Questionnaire
- ☐ Provider Directory/Clinic(s) Schedule
- ☐ Map of all clinics and satellite sites
- ☐ Family Planning Services Provided

Letters of support:

- ☐ School based or linked health center
- ☐ STI/HIV clinics
- ☐ Maternal Infant Health Program provider
- ☐ Primary care services
- ☐ Two of prenatal care and delivery; infant care, foster care, adoption or pregnancy termination
- ☐ Breast and Cervical Cancer Control Program
- ☐ A list of collaborative arrangements requested in the Community Education and Outreach section is attached
- ☐ Budget forms are complete
- ☐ A detailed budget narrative is included in the budget section
- ☐ Assurance – Michigan Title X Assurances of Compliance
- ☐ Certification – Family Planning Provider Certification

County: _____

RACE/ETHNICITY BY AGE & GENDER	Age 15-17		Age 18-19		Age 20-29		Age 30-39		Age 40-44		Total	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
	#	#	#	#	#	#	#	#	#	#	#	#
White												
Black												
Native American												
Asian/Pacific Islander												
Total Population												

<http://www.mdch.state.mi.us/pha/osr/index.asp?Id=17>

HISPANIC ORIGIN BY AGE & GENDER	Age 15-17		Age 18-19		Age 20-29		Age 30-39		Age 40-44		Total	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
	#	#	#	#	#	#	#	#	#	#	#	#
Hispanic Origin												

<http://www.mdch.state.mi.us/pha/osr/index.asp?Id=17>

INCOME AS A PERCENT OF POVERTY LEVEL	Age 15-17	Age 18-24	Age 25-34	Age 35-44	Total
Year	#	#	#	#	#
Under 100 Percent					
100 to 199 Percent					
200 to 249 Percent					
250 and Above					

http://www.michigan.gov/hal/0,1607,7-160-17451_28396_28452-143971-143971--,00.html

PREGNANCY RATES BY AGE MI 2004 15-19=54.6; 15-44=87.0	
Year	Rate
Females aged 15-19	
Females aged 15-44	

<http://www.mdch.state.mi.us/pha/osr/index.asp?Id=2>

INFANT DEATH RATES MI 2002=8.1; 2003=8.5; 2004=7.6	
*If the rate is incalculable because of low numbers, note N/A in the box	Rate
Infant Death Rate in 2004	
3 YR Average 2002-2004	

<http://www.mdch.state.mi.us/pha/osr/CHI/InDx/frame.html>

NUMBER AND PERCENT OF CHLAMYDIA, GONORRHEA AND SYPHILIS (PRIMARY & SECONDARY) MI # of cases 2004 (Chlamydia=41247), (Gonorrhea=17,376), (Syphilis=192)			
	County 3 YR avg. # of cases (2002-2004)	County # of cases in 2004	County Percent Distribution of State cases in 2004
Chlamydia			
Gonorrhea			
Syphilis			

http://www.mdch.state.mi.us/pha/osr/CHI/std_h/frame.html

HIV PREVALENCE RATE MI RATE=163	
Rate per 100,000	
County Rate	

http://www.michigan.gov/documents/Statewide_Tables_104205_7.pdf See Pg 2

County: _____

CASES AND RATES FOR CHLAMYDIA BY GENDER AND AGE GROUP							
Year: _____							
# of Cases	0-14	15-19	20-24	25-29	30-44	45 and over	Total
Male							
Female							
Total							
% Distribution	0-14	15-19	20-24	25-29	30-44	45 and over	Total
Male							
Female							
Total							
Rate	0-14	15-19	20-24	25-29	30-44	45 and over	Total
Male							
Female							
Total							

http://www.mdch.state.mi.us/pha/osr/CHI/std_h/frame.html

CASES AND RATES FOR GONORRHEA BY GENDER AND AGE GROUP							
Year: _____							
# of Cases	0-14	15-19	20-24	25-29	30-44	45 and over	Total
Male							
Female							
Total							
% Distribution	0-14	15-19	20-24	25-29	30-44	45 and over	Total
Male							
Female							
Total							
Rate	0-14	15-19	20-24	25-29	30-44	45 and over	Total
Male							
Female							
Total							

http://www.mdch.state.mi.us/pha/osr/CHI/std_h/frame.html

County: _____

CASES AND RATES FOR SYPHILIS BY GENDER AND AGE GROUP							
Year: _____							
# of Cases	0-14	15-19	20-24	25-29	30-44	45 and over	Total
Male							
Female							
Total							
% Distribution	0-14	15-19	20-24	25-29	30-44	45 and over	Total
Male							
Female							
Total							
Rate	0-14	15-19	20-24	25-29	30-44	45 and over	Total
Male							
Female							
Total							

http://www.mdch.state.mi.us/pha/osr/CHI/std_h/frame.html

Title X Family Planning

Fiscal Review Questionnaire

Agency Name: _____

Allowable Costs/Cost Principles:	Yes/No/NA
<p>1. Is staff aware of applicable cost principles (OMB Circular A-87 or A-122) and unallowable costs (i.e., alcoholic beverages, bad debts, contingency reserves, contributions and donations, entertainment, fund raising, etc.?)</p> <p>http://www.whitehouse.gov/omb/circulars/a087/a087-all.html</p> <p>http://www.whitehouse.gov/omb/circulars/a122/a122-2004.pdf</p>	
<p>2. Does the accounting system have separate revenue and expense accounts for the Family Planning Programs?</p>	
<p>3. For the most recent completed grant year, do the general ledger revenue and expense accounts for the MDCH Family Planning grant agree with payment made by MDCH, and the final FSR submitted for that grant year? If not, explain.</p>	
<p>4. Do management and Board of Directors regularly review a functional budget compared to actual expenses for each funding source and program?</p>	
<p>5. Do management and Board of Directors have procedures in place to follow-up on budget variances if they occur?</p>	
<p>6. Does the agency have an annual financial statement audit or a single audit?</p>	
<p>7. Have financial audit findings been corrected or addressed?</p>	

Allowable Costs/Cost Principles:	Yes/No/NA
8. Does the Board of Directors have an Audit and/or Finance Committee that convenes and communicates regularly with the treasurer and other Board members to assist in understanding and responding to financial developments (i.e., if adverse financial developments, are there systems in place that allow the organization to address them)?	
9. Does the person that authorizes payments of bills review original invoices and other support documentation?	
10. Are paid invoices cancelled?	
11. Is the person that approves invoices for payment someone other than the person requesting payment?	
12. Are amounts charged to the MDCH Family Planning grant supported by approval invoices or other supporting documentation?	
13. Were all costs charged to the grant actually incurred during the grant period? (i.e., reported to the proper grant fiscal year?)	
14. Are record retention policies in place that comply with the program contract requirements?	
15. Are time/activity records maintained for employees working on more than one program, as well as personnel that work 100% in a particular program, so that only time actually worked on the program is allocated to the program?	
16. Do the personnel positions charged to the program conform to the positions and salaries authorized in the MDCH Program Budget Summary?	

Allowable Costs/Cost Principles:	Yes/No/NA
17. Are fringe benefits charged based on actual costs incurred, and supported by approved paid invoices?	
18. Are the fringe benefit costs charged to the program in relation to the salary costs allocated to the program?	
19. Does the agency have written travel policies and procedures defining reasonable limits for hotel and meal reimbursements, mileage rate(s), unallowable costs, and documentation requirements?	
20. Is travel charged to the MDCH Family Planning grant supported by approved employee travel vouchers with appropriate receipts/documentation, and indicating the purpose of the travel?	
21. If space cost for agency owned buildings is charged to the grant, is the cost based on depreciation or use allowance, plus actual operating and maintenance cost?	
22. If space cost for rented building is charged to the grant, is the cost supported by a current signed lease agreement?	
23. Is space cost allocated to all programs that benefit from the space, based on square footage used, or other consistently applied allocation basis? (sometimes space cost is included as part of Indirect Cost.)	
24. Are costs for vendor contracts supported by a current signed contract?	
25. Are vendor contract charges supported by detailed billings as to type and amount of services/goods for the contract period and not just “for services rendered?”	

Allowable Costs/Cost Principles:	Yes/No/NA
26. Are contract billings/reviewed to ensure consistency with the contract terms and objectives?	
27. Are indirect costs charged to the program? (e.g., agency-wide administration, division level administration, central service costs).	
28. Are indirect costs allocated to all programs that benefit from the overhead, by using a consistent basis? (e.g., based on a pro-rata share of personnel costs, or total direct costs of the programs that benefit.)	
29. Do the agency FSR's report total program costs?	

Cash Management:	Yes/No/NA
30. Does the agency have policies/procedures in place to assure timely submission of requests for reimbursement, documentation of financial status reports, and routing and filing of FSR's?	
31. Does the agency have procedures in place to ensure that costs for which reimbursement was requested were paid prior to the date of the FSR?	

Equipment:	Yes/No/NA
32. If grant funds were used to purchase equipment, were the items purchased specifically approved by MDCH in the original or amended budget and supported by approved invoices?	
33. Are inventory records maintained as well as adequate safeguards over government-financed property and equipment including verification of equipment every two years, as required by 45 CFR 74.34? http://www.gpoaccess.gov/cfr/index.html	
34. Is the agency aware of Federal purchasing standards in 45CFR 74.44? http://www.gpoaccess.gov/cfr/index.html	
35. Does the agency have policies and procedures in place to ensure adherence with these standards?	

Program Income:	Yes/No/NA
36. Is program income (fees and collections) billed on a sliding fee scale and does the fee scale conform to applicable poverty guidelines?	
37. Are duplicate receipt slips prepared for every receipt, and a copy given to the client, and does the receipt show full cost less any applicable discounts.	
38. Is all program income reported on the FSR?	

Reporting:	Yes/No/NA
39. Are Financial Status Reports (FSRs) submitted timely?	
40. Do FSRs report actual cost, and not one-twelfth or one-quarter of the budget?	
41. Do FSRs report costs and revenues that follow the approved budget?	

Sub-recipient Monitoring:	Yes/No/NA
42. Are sub-recipient activities supported by a current signed contract and budget for each Sub-recipient?	
43. Are the subcontract terms consistent with the MDCH contract?	
44. Do sub-recipient FSRs or billings report actual cost and revenue and not one-twelfth or one-quarter of the budget?	
45. Are sub-recipient FSRs or billings submitted timely?	
46. Are sub-recipient FSRs or billings signed by a responsible official or the subcontractor?	
47. Are sub-recipient FSRs or billings reviewed by the agency for budgetary compliance and allowable costs before reimbursing the sub-recipient.	
48. Does the agency reimburse the sub-recipient on a timely basis? (e.g., within 30 days or other reasonable time of receipt of the billing.)	
49. Does the agency monitor the sub-recipients with on-site reviews.	
50. Does the agency monitor the sub-recipients with a financial checklist?	

Sub-recipient Monitoring:	Yes/No/NA
51. Does the agency monitor the sub-recipients with any other checklists or procedures?	
52. Does the agency monitor sub-recipients to ensure individuals are given the opportunity to make voluntary contributions for services rendered, if applicable?	
53. Is program income reported by sub-recipients tested for accuracy and completeness?	
54. Does all applicable sub-recipient program cost and revenue get included in the agency's FSR to MDCH?	
55. Does the agency communicate the following Federal program information to the sub-recipients: CFDA program title and number, source of funding, federal agency name, and OMB Circular A-133 audit requirements?	
56. Does the agency receive and review sub-recipient Single Audit Reports, if applicable?	
57. Does the agency issue management decisions on applicable subrecipient audit findings within six months after receipt of the sub-recipients audit report, and are corrective actions taken in a timely manner?	

**Division of Family and Community Health
Family Planning Program**

Agency Name: _____

Provider Directory/Clinic(s) Schedule Information

Site Name	Clinic Address	Service Area	Office Hours	Clinic Hours	Projected number of Users	2005 FPAR # By Site
Clinic Name:						
Phone:						
Email:						
Fax						
Clinic Name:						
Phone:						
Email:						
Fax						

AGENCY NAME: _____

**FAMILY PLANNING
SERVICES PROVIDED**

1 = Direct Service, on-site 3 = Paid Referral 5 = Not Provided
2 = Direct Service, off-site 4 = Provided by central grant administration

SERVICES	1, 2, 3, 4, OR 5
A. Client Education and Counseling	
1. Informed Consent	
B. History	
1. Physical Assessment	
2. Lab Testing	
C. Fertility Regulation	
1. Diaphragm/Cervical Cap	
2. Condom	
3. Female Condom	
4. Spermicide	
5. IUD	
6. Oral Contraception	
7. Hormonal Implants	
8. Hormonal Injection (Progestin only, Combined)	
9. Vaginal Ring	
10. Hormonal Patch	
11. Emergency Contraception	
12. Fertility Awareness Methods	
13. Sterilization (Female)	
14. Sterilization (Male)	
D. Level I Infertility Services	
E. Pregnancy Diagnosis/Counseling	
F. Sexually Transmitted Disease Testing (Specify:)	
G. Sexually Transmitted Disease Treatment	
G. HIV Services	
H. Identification of Estrogen-Exposed Offspring	
I. Minor Gyn Problems	
J. Health Promo/Disease Prevention	
K. Special Gyn Procedures	
L. Other Services (Specify):	
M. Natural Methods	

AGENCY NAME: _____

**FAMILY PLANNING
SERVICES PROVIDED (sample sheet)**

1 = Direct Service, on-site 3 = Paid Referral 5 = Not Provided
2 = Direct Service, off-site 4 = Provided by central grant administration

SERVICES	1, 2, 3, 4, OR 5
A. Client Education and Counseling	
1. Informed Consent	1 – all sites
B. History	1 – all sites
1. Physical Assessment	1 – all sites
2. Lab Testing	1 – all sites
C. Fertility Regulation	
1. Diaphragm/Cervical Cap	1 – 12 sites; 2 – 3 sites
2. Condom	1 – all sites
3. Female Condom	5 – all sites
4. Spermicide	1 – all sites
5. IUD	1 – 9 sites
6. Oral Contraception	1 – all sites
7. Hormonal Implants	5 – all sites
8. Hormonal Injection (Progestin only, Combined)	1 – 12 sites; 3 – 3 sites
9. Vaginal Ring	3 – all sites
10. Hormonal Patch	1 – 12 sites; 2 – 3 sites
11. Emergency Contraception	1 – all sites
12. Fertility Awareness Methods	1 – 5 sites; 2 – 10 sites
13. Sterilization (Female)	1 – 3 sites; 2 – 12 sites
14. Sterilization (Male)	1 – 3 sites; 3 – 12 sites
D. Level I Infertility Services	1 – all sites
E. Pregnancy Diagnosis/Counseling	1 – all sites
F. Sexually Transmitted Disease Testing (Specify:)	1 – all sites
G. Sexually Transmitted Disease Treatment	1 – 9 sites; 2 – 3 sites
G. HIV Services	Prev. Ed. – all sites
H. Identification of Estrogen-Exposed Offspring	All sites
I. Minor Gyn Problems	All sites
J. Health Promo/Disease Prevention	All sites
K. Special Gyn Procedures	5
L. Other Services (Specify):	
M. Natural Methods	

**Family Planning Request for Proposal
Required Work Plan Format**

Program Goal: Goal should be time-framed and measurable.			
Objectives: Objectives should be time-framed, measurable, and relate to accomplishing the stated goal.			
Services/Activities	Person Responsible	Timeframe	Evaluation
<p>Describe services and activities in enough <u>detail</u> so that it is clear WHAT the activity entails including <u>number of participants</u>, <u>name</u> of the activity (if applicable), <u>frequency and duration of service/activity</u> and any <u>other supporting information</u> that will provide reviewers with a clear picture of the day-to-day service/activity that will be provided. It is helpful to point out if the activities are integrated or linked to other services/activities in your plan.</p> <p>Your services and activities should be <u>clearly linked</u> to your program goal and one or more of the stated objectives. One service/activity may relate to accomplishing more than one objective.</p>	<p>Clearly identify the person(s) responsible for carrying out each service/activity described.</p> <p>Please provide titles/positions, not names of individuals.</p>	<p>Provide a time frame for implementing each service/activity described</p>	<p>Describe evaluation methods and measures.</p> <p>The evaluation plan should include a measurement of accomplishing the goal and each objective.</p>

I. INTRODUCTION

The budget should reflect all expenditures and funding sources associated with the program, including fees and collections and local, state and federal funding sources. When developing a budget it is important to note that total expenditures for a program must equal total funds.

The Program Budget Summary (DCH-0385) is utilized to provide a standard format for the presentation of the financial requirements (both expenditure and funding) for each applicable program. Detail information supporting the Program Budget Summary is contained in the Program Budget-Cost Detail Schedule (DCH-0386). General instruction for the completion of these forms follows in Sections II-III. Budgets must be submitted on Michigan Department of Community Health approved forms.

II. PROGRAM BUDGET SUMMARY (DCH-0385) FORM PREPARATION

Use the **Program Budget Summary (DCH-0385)** supplied by the Michigan Department of Community Health. An example of this form is attached (**see Attachment B.1**) for reference. **The DCH-0386 form should be completed prior to completing the DCH-0385 form.** (Please note: the excel workbook version of the DCH 0385-0386 automatically updates the Program Summary amounts as the user completes the DCH-0386).

- A. Program - Enter the title of the program.
- B. Date Prepared - Enter the date prepared.
- C. Page ____ of ____ - Enter the page number of this page and the total number of pages comprising the complete budget package.
- D. Contractor - Enter the name of the Contractor.
- E. Budget Period - Enter the inclusive dates of the budget period.
- F. Address - Enter the complete address of the Contractor.
- G. Original or Amended - Check whether this is an original budget or an amended budget. The budget attached to the agreement at the time it is signed is considered the original budget although it may have been revised in the negotiation process. If the budget pertains to an amendment, enter the amendment number to which the budget is attached.
- H. Federal Identification Number – Enter the Employer Identification Number (EIN), also known as a Federal Tax Identification Number.

PROGRAM BUDGET SUMMARY (DCH-0385) FORM PREPARATION
(continued)

- I. Expenditure Category Column – All expenditure amounts for the DCH-0385 form should be obtained from the total amounts computed on the Program Budget - Cost Detail Schedule (DCH-0386). (See Section III for explanation of expenditure categories.)

Expenditures:

1. Salaries and Wages
 2. Fringe Benefits
 3. Travel
 4. Supplies and Materials
 5. Contractual (Subcontracts)
 6. Equipment
 7. Other Expenses
 8. Total Direct Expenditures
 9. Indirect Cost
 10. Total Expenditures
- J. Source of Funds – Refers to the various source of funds that are used to support the program. Funds used to support the program should be recorded in this section according to the following categories:
11. Fees and Collections - Enter the total fees and collections estimated. The total fees and collections represent funds that the program earns through its operation and retains for operation purposes. This includes fees for services, payments by third parties (insurance, patient collections, Medicaid, etc.) and any other collections.
 12. State Agreement - Enter the amount of MDCH funding allocated for support of this program. This amount includes all state and federal funds received by the Department that are to be awarded to the Contractor through the agreement. State percentages are not required.
 13. Local - Enter the amount of Contractor funds utilized for support of this program. Local percentages are not required. In-kind and donated services from other agencies/sources should not be included on this line.
 14. Federal - Enter the amount of any Federal grants received directly by the Contractor in support of this program and identify the type of grant received in the space provided.

PROGRAM BUDGET SUMMARY (DCH-0385) FORM PREPARATION (continued)

15. Other - Enter and identify the amount of any other funding received. Other funding could consist of foundation grants, United Way grants, private donations, fund-raising, charitable contributions, etc. In-kind and donated services should not be included unless specifically requested by MDCH.
16. Total Funding - The total funding amount is entered on line 16. This amount is determined by adding lines 12 through 15. The total funding amount must be equal to line 10 - Total Expenditures.
- K. Total Budget Column - The Program Budget Summary is designed for use in presenting a budget for a specific program agreement funded in part by or through the Department or some other non-local funding source. Total Budget column represents the program budget amount. **The "K" Total Budget column must be completed while the remaining columns are not required unless additional detail is required by the Department.**

III. PROGRAM BUDGET-COST DETAIL SCHEDULE (DCH-0386) FORM PREPARATION

Use the **Program Budget-Cost Detail Schedule (DCH-0386)** supplied by the Michigan Department of Community Health. An example of this form is attached (**see Attachment B.2**) for reference.

- A. Page ____ of ____ - Enter the page number of this page and the total number of pages comprising the complete budget package.
- B. Program - Enter the title of the program.
- C. Budget Period - Enter the inclusive dates of the budget period.
- D. Date Prepared - Enter the date prepared.
- E. Contractor - Enter the name of the contractor.
- F. Original or Amended - Check whether this is an original budget or an amended budget. If an amended budget, enter the amendment number to which the budget is attached.

Expenditure Categories:

- G. Salaries and Wages - Position Description - List all position titles or job descriptions required to staff the program. This category includes compensation paid to all permanent and part-time employees on the payroll of the contractor and assigned directly to the program. This category does not include contractual services, professional fees or personnel hired on a private contract basis. Consulting services, professional fees or personnel hired on a private contracting basis should be included in Other Expenses. Contracts with sub-recipient organizations such as cooperating service delivery institutions or delegate agencies should be included in Contractual (Subcontract) Expenses.
- H. Positions Required - Enter the number of positions required for the program corresponding to the specific position title or description. This entry could be expressed as a decimal (e.g., Full-time equivalent – FTE) when necessary. If other than a full-time position is budgeted, it is necessary to have a basis in terms of a time study or time reports to support time charged to the program.
- I. Total Salary - Compute and enter the total salary cost by multiplying the number of positions required by the annual salary.
- J. Comments - Enter any explanatory information that is necessary for the position description. Include an explanation of the computation of Total Salary in those instances when the computation is not straightforward (i.e., if the employee is limited term and/or does not receive fringe benefits).

**PROGRAM BUDGET-COST DETAIL SCHEDULE (DCH-0386) FORM
PREPARATION** (continued)

- K. Salaries and Wages Total - Enter a total in the Position Required column and the Total Salaries and Wages column. The total salary and wages amount is transferred to the Program Budget Summary - Salaries and Wages expenditure category. If more than one page is required, a subtotal should be entered on the last line of each page. On the last page, enter the total Salaries and Wages amounts.
- L. Fringe Benefits – Check applicable fringe benefits for staff working in this program. This category includes the employer=s contributions for insurance, retirement, FICA, and other similar benefits for all permanent and part-time employees. Enter composite fringe benefit rate and total amount of fringe benefit. (The composite rate is calculated by dividing the fringe benefit amount by the salaries and wage amount.)
- M. Travel - Enter cost of employee travel (mileage, lodging, registration fees). **Use only for travel costs of permanent and part-time employees assigned to the program.** This includes cost for mileage, per diem, lodging, lease vehicles, registration fees and approved seminars or conferences and other approved travel costs incurred by the employees (as listed under the Salaries and Wages category) for conducting the program. **Specific detail should be stated in the space provided on the Cost Detail Schedule (DCH-0386) if the Travel category (line 3) exceeds 10% of the Total Expenditures (line 10).** Travel of consultants is reported under Other Expenses - Consultant Services.
- N. Supplies & Materials - Enter cost of supplies & materials. This category is used for all consumable and short-term items and equipment items costing less than five thousand dollars (\$5,000). This includes office supplies, computers, office furniture, printers, printing, janitorial, postage, educational supplies, medical supplies, contraceptives and vaccines, tape and gauze, education films, etc., according to the requirements of each applicable program. **Specific detail should be stated in the space provided on the Cost Detail Schedule (DCH-0386) if the Supplies and Materials category (line 4) exceeds 10% of the Total Expenditures (line 10).**
- O. Contractual (Subcontracts/Subrecipients) – **Specify the subcontractor(s) working on this program in the space provided under line 5.** Specific details **must** include: 1) subcontractor(s) name and address, 2) amount by subcontractor and 3) the total amount for all subcontractor(s). Multiple small subcontracts can be grouped (e.g., various worksite subcontracts). Use this category for written contracts or agreements with sub-recipient organizations such as affiliates, cooperating institutions or delegate contractors when compliance with federal grant requirements is delegated (passed-through) to

PROGRAM BUDGET-COST DETAIL SCHEDULE (DCH-0386) FORM
PREPARATION (continued)

the sub-recipient contractor. Vendor payments such as stipends and allowances for trainees, fee-for-service or fixed-unit rate patient care, consulting fees, etc., are to be identified in the Other Expense category.

- P. Equipment - Enter a description of the equipment being purchased (including number of units and the unit value), the total by type of equipment and total of all equipment. This category includes stationary and movable equipment to be used in carrying out the objectives of the program. The cost of a single unit or piece of equipment includes the necessary accessories, installation costs and any taxes. Equipment is defined to be an article of non-expendable tangible personal property having a useful life of more than one (1) year and an acquisition cost of \$5,000 or more per unit. **Equipment items costing less than five thousand dollars (\$5,000) each are to be included in the Supplies and Materials category. All equipment items summarized on this line must include: item description, quantity and budgeted amount and should be individually identified in the space provided under line 6. Upon completing equipment purchase, equipment must be tagged and listed on the Equipment Inventory Schedule (see Attachment B.3) and submitted to the agreement's contract manager.**
- Q. Other Expenses - This category includes other allowable cost incurred for the benefit of the program. The most significant items should be specifically listed on the Cost Detail Schedule. Other minor items may be identified by general type of cost and summarized as a single line on the Cost Detail Schedule to arrive at a total Other Expenses category. Some of the more significant groups or subcategories of costs are described as follows and should be individually identified in the space provided on and under line 7. **Specific detail should be stated in the space provided on the Cost Detail Schedule (DCH-0386) if the Other Expenses category (line 7) exceeds 10% of the Total Expenditures (line 10).**
1. Communication Costs - Costs of telephone, telegraph, data lines, Internet access, websites, fax, email, etc., when related directly to the operation of the program.
 2. Space Costs - Costs of building space, rental and maintenance of equipment, instruments, etc., necessary for the operation of the program. If space is publicly owned, the cost may not exceed the rental of comparable space in privately owned facilities in the same general locality. **Department funds may not be used to purchase a building or land.**

PROGRAM BUDGET-COST DETAIL SCHEDULE (DCH-0386) FORM
PREPARATION (continued)

3. Consultant or Vendor Services - These are costs for consultation services, professional fees and personnel hired on a private contracting basis related to the planning and operations of the program, or for some special aspect of the project. Travel and other costs of these consultants are also to be included in this category.
 4. Other - All other items purchased exclusively for the operation of the program and not previously included, patient care, fee for service, auto and building insurance, automobile and building maintenance, membership dues, fees, etc.
- R. Total Direct Expenditures – Enter the sum of items 1 – 7 on line 8.
- S. Indirect Cost Calculations - **Enter the allowable indirect costs for the budget.** Indirect costs can only be applied if an approved indirect cost rate has been established or an actual rate has been approved by a State of Michigan department (i.e., Michigan Department of Education) or the applicable federal cognizant agency and is accepted by the Department. Attach a current copy of the letter stating the applicable indirect cost rate. **Detail on how the indirect cost was calculated must be shown on the Cost Detail Schedule (DCH-0386).**
- T. Total Expenditures – Enter the sum of item 8 and 9 on line 10.

III. PROGRAM BUDGET SUMMARY

View at 100% or Larger MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
Use WHOLE DOLLARS Only

PROGRAM (A) Budget and Contracts			DATE PREPARED (B) 7/01/xx		Page (C) 1	Of 2
CONTRACTOR NAME (D) Michigan Agency			BUDGET PERIOD (E) From: 10/01/xx To: 9/30/xx			
MAILING ADDRESS (Number and Street) (F) 123 ABC Drive			(G) BUDGET AGREEMENT <input type="checkbox"/> ORIGINAL <input checked="" type="checkbox"/> AMENDMENT ►			AMENDMENT # 1
CITY Acme	STATE MI	ZIP CODE 44444	FEDERAL ID NUMBER (H) 38-1234567			

(I) EXPENDITURE CATEGORY				(K) TOTAL BUDGET (Use Whole Dollars)
1. SALARIES & WAGES	43,000			43,000
2. FRINGE BENEFITS	11,180			11,180
3. TRAVEL	1,400			1,400
4. SUPPLIES & MATERIALS	37,000			37,000
5. CONTRACTUAL (Subcontracts/Subrecipients)	3,500			3,500
6. EQUIPMENT	5,000			5,000
7. OTHER EXPENSES				
	8,000			8,000
8. TOTAL DIRECT EXPENDITURES (Sum of Lines 1-7)	109,080			109,080
9. INDIRECT COSTS: Rate #1 %				
INDIRECT COSTS: Rate #2 %				
10. TOTAL EXPENDITURES	109,080			109,080

(J) SOURCE OF FUNDS				
11. FEES & COLLECTIONS	10,000			10,000
12. STATE AGREEMENT	90,000			90,000
13. LOCAL	9,080			9,080
14. FEDERAL				
15. OTHER(S)				
16. TOTAL FUNDING	109,080			109,080

AUTHORITY: P.A. 368 of 1978 COMPLETION: Is Voluntary, but is required as a condition of funding	The Department of Community Health is an equal opportunity employer, services and programs provider.
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PROGRAM BUDGET – COST DETAIL

(A) Page 2 Of 2

View at 100% or Larger

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

Use **WHOLE DOLLARS ONLY**

(B) PROGRAM Budget and Contracts		(C) BUDGET PERIOD		DATE PREPARED
		From: 10/01/xx	To: 9/30/xx	7/01/xx
(E) CONTRACTOR Michigan Agency		(F) BUDGET AGREEMENT <input checked="" type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDMENT		AMENDMENT #
(G) 1. SALARY & WAGES POSITION DESCRIPTION	(H) COMMENTS	(I) POSITIONS REQUIRED	(J) TOTAL SALARY	
Nurse	9 month position	1	25,000	
Project Director		.5	18,000	
(K) 1. TOTAL SALARIES & WAGES:		1.5	\$ 43,000	
(L) 2. FRINGE BENEFITS (Specify)				
<input checked="" type="checkbox"/> FICA <input type="checkbox"/> LIFE INS. <input type="checkbox"/> DENTAL INS. COMPOSITE RATE <input checked="" type="checkbox"/> UNEMPLOY INS. <input type="checkbox"/> VISION INS. <input checked="" type="checkbox"/> WORK COMP AMOUNT 26% <input type="checkbox"/> RETIREMENT <input type="checkbox"/> HEARING INS. <input type="checkbox"/> HOSPITAL INS. <input type="checkbox"/> OTHER (specify) _____				
2. TOTAL FRINGE BENEFITS:			\$ 11,180	
(M) 3. TRAVEL (Specify if category exceeds 10% of Total Expenditures)				
Conference registration \$350				
Airfare \$600				
Hotel accommodations and per diem for 4 days \$450				
3. TOTAL TRAVEL:			\$ 1,400	

(N) 4. SUPPLIES & MATERIALS (Specify if category exceeds 10% of Total Expenditures)		
Office Supplies	2,000	
Medical supplies	35,000	
4. TOTAL SUPPLIES & MATERIALS:		\$ 37,000
(O) 5. CONTRACTUAL (Specify Subcontracts/Subrecipients)		
Name	Address	Amount
ACME Evaluation Services	555 Walnut, Lansing, MI 48933	\$ 2,000
Presentations Are Us	333 Kalamazoo, Lansing, MI 48933	\$ 1,500
5. TOTAL CONTRACTUAL:		\$ 3,500
(P) 6. EQUIPMENT (Specify items)		
Microscope	\$5,000	
6. TOTAL EQUIPMENT:		\$ 5,000
(Q) 7. OTHER EXPENSES (Specify if category exceeds 10% of Total Expenditures)		
Communication Costs	\$2,400	
Space Costs	\$3,600	
Consultant or Vendor:	John Doe, Evaluator, 100 Main, E. Lansing	\$2,000
7. TOTAL OTHER:		\$ 8,000
(R) 8. TOTAL DIRECT EXPENDITURES (Sum of Totals 1-7)		8. TOTAL DIRECT EXPENDITURES: \$ 109,080
9. INDIRECT COST CALCULATIONS		
Rate #1: Base \$0 X Rate 0.0000 % Total		\$ 0
Rate #2: Base \$0 X Rate 0.0000 %		\$ 0
Total		\$ 0
9. TOTAL INDIRECT EXPENDITURES:		
(T) 10. TOTAL EXPENDITURES (Sum of lines 8-9)		\$ 109,080
AUTHORITY: P.A. 368 of 1978		The Department of Community Health is an equal opportunity employer, services and programs provider.
COMPLETION: Is Voluntary, but is required as a condition of funding		
DCH-0385 (E) (Rev 2-05) (W) Previous Edition Obsolete. Also Replaces FIN-11 Use Additional Sheets as Needed		

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

CONTRACT MANAGEMENT SECTION EQUIPMENT INVENTORY SCHEDULE

Please list equipment items that were purchased during the grant agreement period as specified in the grant agreement budget, Attachment B.2. Provide as much information about each piece as possible, including quantity, item name, item specifications: *make, model*, etc. Equipment is defined to be an article of non-expendable tangible personal property having a useful life of more than one (1) year and an acquisition cost of \$5,000 or more per unit. Please complete and forward to this form to the MDCH contract manager with the final progress report.

Contractor Name: _____ Contract #: _____ Date: _____

Quantity	Item Name	Item Specification	Tag Number	Purchase Price
1	LW Scientific M5 Labscope	<ul style="list-style-type: none">• Binocular• Trinocular with C-mount or eye tube• 35mm and digital camera adapters available• Diopter adjustment• Inclined 30 degrees (45 degrees available), rotates 360 degrees• 10X/20 high point eyepieces• Interpupillary distance range 50-75mm	N0938438EW098	\$ 5,000
				\$
				\$
				\$
				\$
				\$
				\$
Total				\$ 5,000

Contractor's Signature: _____ Date: _____

IV. PROGRAM BUDGET SUMMARY

View at 100% or Larger

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

Use WHOLE DOLLARS Only

PROGRAM			DATE PREPARED		Page	Of
CONTRACTOR NAME			BUDGET PERIOD From: To:			
MAILING ADDRESS (Number and Street)			BUDGET AGREEMENT <input type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDMENT		AMENDMENT #	
CITY	STATE	ZIP CODE	FEDERAL ID NUMBER			
EXPENDITURE CATEGORY					TOTAL BUDGET (Use Whole Dollars)	
1. SALARIES & WAGES						
2. FRINGE BENEFITS						
3. TRAVEL						
4. SUPPLIES & MATERIALS						
5. CONTRACTUAL (Subcontracts/Subrecipients)						
6. EQUIPMENT						
7. OTHER EXPENSES						
9. TOTAL DIRECT EXPENDITURES (Sum of Lines 1-7)		\$0	\$0	\$0	\$0	
9. INDIRECT COSTS: Rate #1 %						
INDIRECT COSTS: Rate #2 %						
10. TOTAL EXPENDITURES		\$0	\$0	\$0	\$0	

SOURCE OF FUNDS

11. FEES & COLLECTIONS				
12. STATE AGREEMENT				
13. LOCAL				
14. FEDERAL				
15. OTHER(S)				
16. TOTAL FUNDING	\$0	\$0	\$0	\$0

AUTHORITY: P.A. 368 of 1978

COMPLETION: Is Voluntary, but is required as a condition of funding

The Department of Community Health is an equal opportunity employer, services and programs provider.

PROGRAM BUDGET SUMMARY

View at 100% or Larger

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

Use **WHOLE DOLLARS** Only

ATTACHMENT B.1

PROGRAM			DATE PREPARED		Page	Of
CONTRACTOR NAME			BUDGET PERIOD			
			From: To:			
MAILING ADDRESS (Number and Street)			BUDGET AGREEMENT		AMENDMENT #	
			<input type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDMENT			
CITY	STATE	ZIP CODE	FEDERAL ID NUMBER			
EXPENDITURE CATEGORY						TOTAL BUDGET (Use Whole Dollars)
1. SALARIES & WAGES						
2. FRINGE BENEFITS						
3. TRAVEL						
4. SUPPLIES & MATERIALS						
5. CONTRACTUAL (Subcontracts/Subrecipients)						
6. EQUIPMENT						
7. OTHER EXPENSES						
8. TOTAL DIRECT EXPENDITURES (Sum of Lines 1-7)						
9. INDIRECT COSTS: Rate #1 %						
INDIRECT COSTS: Rate #2 %						
10. TOTAL EXPENDITURES						

SOURCE OF FUNDS:

11. FEES & COLLECTIONS				
12. STATE AGREEMENT				
13. LOCAL				
14. FEDERAL				
15. OTHER(S)				
16. TOTAL FUNDING				

AUTHORITY: P.A. 368 of 1978

COMPLETION: Is Voluntary, but is required as a condition of funding.

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DCH-0385(E) (Rev. 02-05) (Excel) Previous Edition Obsolete. Also Replaces FIN-110

PROGRAM BUDGET - COST DETAIL

ATTACHMENT B.2

View at 100% or Larger
Use WHOLE DOLLARS Only

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

Page

Of

PROGRAM		BUDGET PERIOD		DATE PREPARED
		From:	To:	
CONTRACTOR NAME		BUDGET AGREEMENT		AMENDMENT #
		<input type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDMENT		
1. SALARIES & WAGES:			POSITIONS	TOTAL SALARY
POSITION DESCRIPTION	COMMENTS	REQUIRED		
1. TOTAL SALARIES and WAGES:				\$ -
2. FRINGE BENEFITS: (Specify)		Composite Rate %		
<input type="checkbox"/> FICA <input type="checkbox"/> LIFE INS <input type="checkbox"/> DENTAL INS <input type="checkbox"/> UNEMPLOY INS <input type="checkbox"/> VISION <input type="checkbox"/> WORK COMP <input type="checkbox"/> RETIREMENT <input type="checkbox"/> HEARING INS <input type="checkbox"/> HOSPITAL INS <input type="checkbox"/> OTHER:specify-		2. TOTAL FRINGE BENEFITS:		\$ -
3. TRAVEL: (Specify if category exceeds 10% of Total Expenditures)				
3. TOTAL TRAVEL:				\$ -
4. SUPPLIES & MATERIALS: (Specify if category exceeds 10% of Total Expenditures)				
4. TOTAL SUPPLIES & MATERIALS:				\$ -
5. CONTRACTUAL: (Subcontracts/Subrecipients)				
Name	Address	Amount		
5. TOTAL CONTRACTUAL:				\$ -
6. EQUIPMENT: (Specify)				
6. TOTAL EQUIPMENT:				\$ -
7. OTHER EXPENSES: (Specify if category exceeds 10% of Total Expenditures)				
Communication:				
Space Cost:				
Others (explain):				
7. TOTAL OTHER EXPENSES:				\$ -
8. TOTAL DIRECT EXPENDITURES: (Sum of Totals 1-7)		8. TOTAL DIRECT EXPENDITURES:		\$ -
9. INDIRECT COST CALCULATIONS:				
Rate #1 Base \$	x Rate	=	\$	-
Rate #2 Base \$	- x Rate	=	\$	-
9. TOTAL INDIRECT EXPENDITURES:				\$ -
10. TOTAL ALL EXPENDITURES: (Sum of lines 8-9)				\$ -
AUTHORITY: P.A. 368 of 1978		The Department of Community Health is an equal opportunity employer, services and programs provider.		
COMPLETION: is Voluntary, but is required as a condition of funding.				
DOH-4386(E) (Rev. 2-05) (EXCEL) Previous Edition Obsolete		Use Additional Sheets as Needed		

**Michigan Department of Community Health
Division of Family and Community Health
Family Planning Program
MICHIGAN TITLE X ASSURANCE OF COMPLIANCE**

_____ assures that it will:
(Name of Agency)

- A. Comply with all required entities regarding operation of the Family Planning Services:
- Michigan Title X Family Planning Program Standards and Guidelines Manual (2006)
 - 45 CFR, Part 74, Administration of Grants (Federal Regulations)
 - 42 CFR, Part 59, Subpart A Project Grants for Family Planning Services;
 - Michigan Title X Assurance of Compliance
 - Occupational Safety & Health Administration (OSHA)
 - Clinical Laboratories Improvement Amendments (CLIA)
 - Health Insurance Portability & Accountability Act (HIPAA)
- B. Submit applicable portions of the Family Planning Annual Report (FPAR) in accordance with the Department of Health and Human Services (DHHS) Instructions and all other required reports within the time frame set by the Department.
- C. Meets confidentiality requirements of Title X:
- Staff disclosures
 - Client billing
 - Client privacy and the facility
 - Employee records
 - Referrals and follow-up results
 - Reporting abnormal test results
 - Medical records
- D. Not provide abortion services as a method of family planning or use project funds to pay for abortions.
- E. Provide that priority in the provision of services will be given to persons from low income families
- G. Will not require written consent of parents or guardians for the provision of services to minors. Nor can the project notify parents or guardians before or after a minor has requested and received Title X family planning services.

MICHIGAN TITLE X ASSURANCE OF COMPLIANCE (Continued)

- I. Encourage family participation in the decision of the minor to seek family planning services.
- J. Provide counseling to minors on how to resist coercive attempts to engage in sexual activities.
- K. Provide assistance to clients with Limited English Proficiency (LEP) to prevent barriers to care.
- L. Maintain medical records in a systematic, complete and confidential manner. Signed informed consent forms must be on file for all treatments and procedures performed.
- M. Develop and implement written referral procedures for all required services not provided on-site.
- N. Identify and maintain an Information and Education Advisory Committee in Compliance with Federal and State Regulations.
- O. Determine a schedule of discounts and sliding fee scale for family planning services, pursuant to Federal Poverty Levels. The Schedule of Discounts and Sliding Fee Scale must be utilized throughout the fiscal year.
- Q. Make reasonable efforts to collect third party reimbursements.
- R. Meet all Title X Family Planning Minimum Program and Minimum Reporting Requirements.

Name of Authorized Agent

Signature of Authorized Agent

Signature of this Title X Assurance of Compliance acknowledges possession of above referenced materials previously provided by the Department.



**Michigan Department of Community Health
Division of Family and Community Health
Family Planning Program Provider Certification**

Name of agency _____

Address _____

Geographic service area _____

Name of counties served _____

Caseload to be served in each county _____

Pursuant to PA 360 (2002) Section 333.1091, I certify that this agency (Please initial applicable choice):

_____ Qualifies as a priority family planning provider because we do not engage in any of the activities outlined in PA 360 (2002) Section 333.1091.

_____ Does not qualify as a priority family planning provider because we engage in the activities outlined in PA 360 (2002) Section 333.1091.

I attest that I am authorized to sign on behalf of this agency and that I will notify the Michigan Department of Community Health in writing should the status of any of the above conditions change.

Print Name _____

Title _____

Sign _____

Date _____